

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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STAR  
in pharmacy analgesia**

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Night**

**Night Pain Relief  
And a good night's sleep**

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**10 TABLETS**

**SB**

**new**  
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Contains Paracetamol and Diphenhydramine

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**SB** SmithKline Beecham

Consumer Healthcare SB House, Great West Rd, Brentford, Middlesex TW8 9BD, UK

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16 November 1996

## ADR reporting role from next April

## Scots will not lose out if switching to SCRiPTS

## RPSGB concerned over 'White Paper' funding

## Update: high speed view of amphetamine abuse

## Specialist nutrition: an unfolding opportunity



## Labour sympathies lie with rural pharmacists

## Boots brushes aside Lloyds bid threat

Online at <http://www.dotpharmacy.com/>

# PROFIT

## THIS WINTER

- Profit from 30 million colds November to February
- Profit from Beechams, the No.1 selling GSL range in pharmacy and the only GSL range you need to stock<sup>1</sup>
- NEW for this winter season, profit from Beechams Flu-Plus Caplets!
- Profit from £3.6m of TV support November to February



## Beechams

THE UK'S BEST SELLING COLD REMEDY RANGE<sup>2</sup>

**A**t a time when pharmacists and doctors are being encouraged into closer partnership, rural dispensing, that constant source of friction between the two professions, is set to raise its head again in the next couple of weeks. Two legal challenges, by rural doctors from Staffordshire and Humberside, to close the 'Clothier' loophole, are due to be heard alongside each other on November 19. The doctors are claiming, in essence, that the regulations were wrongly drafted. The pharmacy side argues they are being properly interpreted. The Department of Health is all too aware of the dispute. Back in October, 1994, Baroness Cumberlege, in a parliamentary written answer, said: "The Regulations have been approved by parliament ... while the Government is not ruling out changes, any such change addressing the concerns of one profession would only be made after considering the representations of the other." Last year, the health minister, Gerald Malone, said he was prepared to broker a deal. PSNC met with the minister in February and there seemed to be the momentum for a settlement. Legal action has stalled progress. The two parties involved in both cases are the doctors and the health authority: pharmacy contractors have to apply to be made party to the proceedings, and as such have to pick up their own considerable legal costs. Since PSNC and the NPA are jointly sharing the costs in these cases, it is pharmacy contractors as a whole who are picking up the bill. It is to be hoped that the courts will act decisively in support of the regulations as they stand. With a pay settlement in England and Wales imminent, all efforts need to be focused on the changes the Government plans to bring to the primary care sector. There are concerns aplenty there for both professions. It would make a pleasant change if they could be approached in concert.

## CHEMIST & DRUGGIST

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# CHEMIST & DRUGGIST

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# Pharmacists to be involved in ADR reporting from April

Both hospital and community pharmacists could be reporting adverse drug reactions through the existing 'yellow card' scheme by April if proposals from the Medicines Control Agency are adopted.

In a consultation letter put out this week (MLX29), the Medicines Control Agency is proposing to extend the scheme to involve hospital pharmacists nationally. Community pharmacy reporting of ADRs would initially be restricted to demonstration schemes in the four regional monitoring centres (RMCs).

Both hospital and community pharmacists would be obliged to operate within protocols.

Community pharmacists working within one of the four RMCs – Mersey, Northern, West Midlands and Wales – will be able to complete and sign yellow cards.

There will be two demonstration schemes running:

● **Mersey and West Midlands.** Pharmacists must be working in a community pharmacy which

keeps patient medication records. He, or she, must have consulted directly with the patient concerned and discussed the case with the patient's GP before sending in a yellow card. No report should be made against the advice of the patient's GP.

● **Northern and Wales.** Pharmacists must work within a community pharmacy or be a practice-based pharmacy. They must have consulted directly with the patient, but need not have discussed the case with the patient's GP. The GP will be sent a copy of the report by the reporting community pharmacist.

The MCA will audit the number of ADR reports received from pharmacists and GPs by each RMC at six-monthly intervals. At the end of the first and second years of the scheme, the RMCs will question both groups about their reactions to the scheme.

For hospital pharmacists those with "direct involvement in patient care will be recognised

reporters". Special reporting forms with space for the name of the responsible consultant will be used, but otherwise the system will be the same as that used by doctors.

After discussion of a case with medical staff, pharmacists will be able to complete and sign a yellow card. No report should be made against the advice of senior medical staff directly responsible for the patient.

The CSM/MCA will provide both hospital and community pharmacists with an information pack on the identification and reporting of ADRs. The Royal Pharmaceutical Society and the Pharmaceutical Society of Northern Ireland are to encourage eligible pharmacists to undertake relevant education packages, such as those available from the CPPE and SCPPE.

The MCAs intentions were made clear by the head of the Society's practice division, Roger Odd, at a Chemex seminar supported by C&D and Roche Consumer Health (C&D September 7, p312).

## New ways to record private prescriptions

The Medicines Control Agency is proposing to relax the current legal requirement for pharmacists to keep records of the sale or supply of private prescriptions in a bound book.

The proposal, outlined in MLX230 issued this week, has the support of the Royal Pharmaceutical Society and will allow pharmacists to keep records on microfilm, microfiche and computer to reflect developments in information technology. The proposals apply to veterinary and human medicines.

The change involves amending the definition of 'register' in the Regulations and replacing it with references to written or computerised records.

The MCA plans to implement the changes by April. Comments on the proposals should be made by January 3 to Ms Tasneem Baloch, MCA, Room 1620, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

● The Committee on Safety of Medicines is supporting proposals in MLX 228 to extend the range of Prescription Only Medicines supplied by registered chiropodists. Chiropodists are already authorised to supply a range of P and GSL medicines and to administer certain local anaesthetics.

## Council tells PRS of Health Plus concerns

The Royal Pharmaceutical Society's Council is to write to Practice Resource Systems about its concerns over the Health Plus Manager system.

Council's concerns include:

- the system could interfere with and obstruct full integration into the proposed NHS-Net
- no clinical data would be provided (which Council considered a barrier to pharmacists' development of medication management)
- additional benefits over existing systems were unclear
- such a system could lead to GPs directing patients to participating pharmacies
- a check that a repeat prescription was required where it occurred at the point of delivery would not comply with the standards set by Council and could encourage dispensing of unwanted medicines
- if dispensing occurred before a hard copy prescription arrived, pharmacists might not be sure that legal requirements for the prescription were met
- difficulties in ensuring patients completed the declaration on levy-exempt prescriptions

## Rural disputes at High Court

Two contentious legal disputes between rural pharmacists and dispensing doctors are to be settled together before the High Court in London later this month.

Last Thursday, Justice Ognall, determined that a test case brought by Dr J Worthington and partners from Madeley, Staffordshire, was of such importance that it should be decided by two judges, and should certainly be heard alongside an almost identical case from North Humberside.

Both cases hinge around pharmacists who have made use of the so-called Clothier loophole to apply to open pharmacies. The doctors are challenging the strict interpretation of the regulations, which says that prejudice to medical services does not have to be taken into account when a pharmacy contractor already on a health authority's list applies to open in a rural area.

The Staffordshire dispensing doctors, who are attempting to close down a recently-opened pharmacy which they claim jeopardises the survival of their surgery, fought off an attempt to stop the case last Thursday.

The doctors are attempting to overturn a decision to allow the pharmacy to open near their practice at Moss Lane, Madeley. Dr Worthington claims that if Rajesh Morjaria's shop in Newcastle Road, Madeley, is allowed to remain in business, their own dispensing trade, which provides over 40 per cent of their income, will be wiped out and the survival of the practice will be threatened.

Earlier Duncan Ouseley QC, counsel for Mr Morjaria, had argued the case should be stopped as the GPs had delayed in bringing their action, and his client had already taken a lease of his shop and incurred substantial expenses by the time they obtained leave to go to the High Court on April 30.

But Philip Havers QC, counsel for Dr Worthington and his partners, said they had brought their challenge within the three-month time limit allowed in judicial review cases.

After hearing both counsels, Justice Ognall rejected Mr Ouseley's submission that the case should be thrown out. But he

said as the case would now be heard by different judges, Mr Ouseley would be free to re-argue the question of delay at the full hearing.

● The battle between the GPs and Mr Morjaria has a long and tortuous history. The pharmacist first applied to Staffordshire Family Health Services Authority to open a pharmacy in Madeley on February 11, 1991. The application was refused, and a second application was also turned down in March last year.

Mr Morjaria appealed against the second refusal and won his case on February 1 this year.

Two months later, the GPs won leave to seek judicial review, but even before Mr Morjaria won his appeal, the doctors had already been taking legal action to challenge the FHSAs decision to even consider his second application.

Dr Worthington's case, together with the North Humberside one, will now be heard on November 18. Both Staffordshire Health Authority and the Appeal Authority have said they will accept the ruling of the court.



DHEA, a steroid hormone, sold as a food supplement in the US, and which claims to restore sexual vigour (among other things), was hastily withdrawn from the shelves in Harrods last week after it was discovered that the Medicines Control Agency has declared it an unlicensed medicine

## New discount rate effective from next month

A new discount rate for pharmacy contractors in England and Wales comes into effect from December.

The Pharmaceutical Services Negotiating Committee has agreed to extend the new rate until June 30 for the under-clawback of discount to be recovered from NHS contractors.

The current discount scale recovers 7.87 per cent of the standard discount rated net ingredient cost (SDR NIC). The new rate will

be on average 1 per cent higher. However, to reflect the results of the April discount inquiry the changes will vary from -0.21 per cent to +1.27 per cent.

The current clawback scale is lower than the 1995-96 target rate as it incorporates a repayment of discount over-recovered up to October 30. The average 1 per cent increase from December reflects a move from a period of under-recovery (ie repayment) to a period of over-recovery.

|  | Based on total NIC | Based on SDR NIC only |
|--|--------------------|-----------------------|
| Agreed discount targets for 1996/97        | 7.82%              | 8.37%                 |
| Extra to recover under-payment at 30/11/96 | 0.41%              | 0.48%                 |
| Clawback rate from 1/12/96 to 30/6/97      | 8.23%              | 8.85%                 |

## DoH to 'privatise' local authority homes

The Department of Health will propose the effective privatisation of local authority homes for children and the elderly in a White Paper to be published early in the New Year.

Health secretary Stephen Dorrell wants to introduce a purchaser/provider split in the home care sector. One possibility is for an arm's length agency to take over the running of homes, leaving local authorities to purchase care.

There is no possibility of Mr Dorrell's White Paper becoming law before the general election, but the plan could appear in the Tory manifesto.

# SCRIPTS costs will be met

Scottish contractors who change to the SCRIPTS system for the pricing of prescriptions should not be out of pocket.

The Scottish Office has agreed to negotiate with the pharmacy software suppliers to ensure that contractors will not have to meet the costs of making existing software compatible with SCRIPTS, or any software modifications needed as a result of future developments. Communications software, modems and bar-code readers will be provided at no cost to contractors.

The Scottish Office has made it clear to the Scottish Pharmaceutical General Council that there is no compulsion to move to a SCRIPTS compatible system and that it will be for individuals to decide whether or not to partici-

pate. The SPGC warns that using SCRIPTS will not result in earlier payments from health boards.

There is still a question mark over whether the new system will save time. The SPGC has no information on how changing to SCRIPTS will affect pharmacists' workload. Colin Virden, SPGC secretary, says that there will be no further discussion on remuneration for using SCRIPTS. It will be up to pharmacists to decide if it offers any advantages.

When using SCRIPTS, contractors transmit prescription data for pricing electronically. Most of the information required is already input by those who use computerised patient medication records. But contractors also have to record the serial number of the prescription and the GP's

reference number. Endorsements which would normally be written on the form have to be coded electronically, as do any alterations to the script.

To ease data capture, doctors' prescription pads will be reprinted from December with the prescription and GP numbers shown as bar codes.

Contractors will have to keep the prescription forms, together with a back-up disk of data they have transmitted, until the Pharmacy Practice Division requests the prescriptions and/or disk, or sanctions their disposal.

The SPGC's Central Checking Unit has not yet had any priced prescriptions which have been through the SCRIPTS system, so cannot verify that items are priced to an acceptable standard.

## Rota goes

Pharmacists in Basingstoke and Winchester are to end the weekday late-opening rota as they have too few customers. The demise of the scheme will save about £60,000, which will be used to pay pharmacists a realistic rate for other rota work and the rest will go on improving pharmacy services to residential homes, says LPC secretary J Holloway.

## Dyslexia leaflet

Boots is sponsoring and distributing 200,000 British Dyslexia Association leaflets in its branches. The first mention of dyslexia occurred in the *British Medical Journal* a century ago on November 7, 1896.

## Pharmacists' details

The Centre for Pharmacy Postgraduate Education has mailed a sample of pharmacists asking for permission to use their names and addresses for general research purposes. Under the Data Protection Act, CPPE is not permitted to pass information to a third party without the permission of the individual.

## September openings

There was a net increase in the number of pharmacy premises registered in September of 17 outlets. There were 39 businesses commencing trading and three restorations compared to 25 deletions. This brings the number of registered premises in Great Britain to 12,275. Lloyds Retail Chemists was the most active with 17 acquisitions and one new store opening. Boots had registration approved for eight pharmacies. Superdrug had registration for ten premises approved.

## DoH public appointments

The Department of Health has published its first annual report of appointments to NHS bodies and executive non-departmental public bodies (NDPBs). The report provides information about appointments to the Department's 429 NHS trusts, 100 health authorities, 13 special HAs and seven executive NDPBs.

## Superstore application

NPA board member Kirit Patel, owner of Day Lewis pharmacy in Riverhead, Sevenoaks, Kent, is opposing Tesco in its bid to open an in-store pharmacy just 400 yards away from his shop. He has the backing of Sevenoaks' Tory parliamentary candidate, Michael Fallon, says manager Taybi Mohamedbhai.

## Counterpart

Some pharmacy assistants following the C&D Cambridge Counterpart training programme have recently been using an out of date phone number to access the telephone marking system. The correct number is 0990 274420.

## Buttercups accredited

The Buttercups Training Medicine Counter Assistants Course – Distance Learning has been accredited by the College of Pharmacy Practice for three years from October 1 this year.

## N Ireland scripts

Contractors in Northern Ireland dispensed 1,593,949 prescription items in August with a net cost of £16,581,915.09. The net ingredient cost was £14,486,013.88, or £9.0881 per item (£9.7100 before discount). There were 954,726 forms submitted with an average of 1.670 items per form

## Urban healthcare quality

Pharmacists interested in initiatives to develop urban healthcare are invited to attend a national primary care symposium on March 7 in London. The organisers are looking for pharmacy contributors. The delegate rate is expected to be £35-£45. If interested, contact the organisers on 0181 980 8681.

## Antibiotic leaflet

Worcester Health Authority is sending a copy of its new antibiotic leaflet to pharmacies informing patients that antibiotics are ineffective against viral infections. The HA hopes to combat antibiotic resistance and reduce GP prescribing costs. Pharmacists requiring leaflets should contact the HA on 01905 25881.

## A lethal cocktail

The post-mortem of a pharmacist found dead on an isolated road in Lincolnshire, showed that he had died of alcohol and barbiturate poisoning. John Sumner of Boston had been a manager at Moss Chemists since 1994. The coroner suggested he had thought of taking his own life, but recorded a verdict of accidental death.

## Assistant training video

Warner-Lambert Consumer Healthcare is launching a counter assistant training video to improve communication skills. The video will be used in a series of local workshops to run late this year and on into next year. For further information call 01703 641400.

# RPSCB welcomes White Paper

The Royal Pharmaceutical Society's Council has given a general welcome to the primary care White Paper, but is concerned about the way additional services might be funded.

The health secretary is due to issue a list of services which will be covered by the NHS Act definition of pharmaceutical services, which means services that could be paid for by Part 2 funding.

However, health authorities will be able to devote Part 1 money to purchasing those same services, although they will not be allowed to buy unlisted services with Part 2 funds, the Society's secretary, John Ferguson, told last week's Council meeting.

One question of concern was the flexibility of an HA to decide how much of a service it wanted, what its standards would be and what it would pay. Different authorities might offer varying standards for the same remuneration. If money was limited and everyone was allowed to provide whatever additional services they wanted, then the payment to each might be reduced at local level, he added.

HAs might decide how many pharmacies could provide a particular service, so the profession should have a view as to how many of those services should be widely available through every pharmacy, and how many could provide a specialist service.

When the list of services appears, Council will have to ensure the Society sets national standards for those and then consider whether or not they should be widely available, said Mr Ferguson.

David Allen hoped the Society

would not wait for a list from the DoH. As a professional body it should be stating the services pharmacies should specialise in.

Christine Glover said not everybody would benefit from the White Paper. Those who had the resources and ability to invest in whatever needed to be done locally would have the edge. Small contractors would have to get together if they were to be effective, because their problems would be worse than in the past.

Hemant Patel said pharmacists were being forced into a situation where they might have to compete with GPs and nurses for local services. At present, the Part 2 money would go to the pharmacy but eventually that wouldn't happen.

The president, Ian Caldwell, said that obviously the Society would make the point that any

services had to be adequately funded. It would wait for the relevant primary care Bill before replying, as the Bill would reflect the White Paper.

Alan Nathan thought the document implied there would be tendering for services. Individual pharmacists would be in competition and he feared this would create problems between the Society and the PSNC.

The president said that he could not envisage any circumstances in which the Society would ever advise on remuneration. It could advise on standards, level of provision and legality of attempts to provide services.

Mr Ferguson said his understanding of the situation was that HAs would determine a price, then invite tenders from those who wished to provide the services at that price.

**New Age** Dr Blenkinsopp was disturbed by the Pharmaceutical Services Negotiating Committee chairman Wally Dove's criticisms of the 'New Horizon' document. Bill Darling believed PSNC members were sympathetic to most of the document. Their concerns were about the words used in relation to remuneration: the matter of who negotiated this should not be a stumbling block. Council agreed who would sponsor tasks in the 'New Horizon' document and is to encourage pharmacists to write to the Society if they would like to help.

**Teleshopping** The European Council of Ministers has decided that teleshopping for human medicines should be prohibited and the EC directive on television broadcasting activities amended accordingly.

**Registration exams** A total of 167 candidates sat the registration exam on October 4. Of the 150 UK graduates, 86 had passed and 64 failed, 51 for the second time and two for the third time.

**Special brand pet care** The Society is to discuss with some larger retail pharmacy companies their possible interest in distributing a specialist brand of pet healthcare products in their pharmacies.

**Patient packs** The Department of Health is anxious to make progress on patient pack dispensing and hopes to introduce it by March or April.

**Script charges in hospitals** The DoH is to be asked to amend its policy on the collection of prescription charges for day cases.

## GP repeat prescribing 'wasteful and dangerous'

Many medical practices have inadequate controls for repeat prescribing, leading to unauthorised repeat scripts and poor compliance checks, according to a report published in this month's *British Journal of General Practice*.

Sixty-six per cent of repeat drugs showed no evidence of authorisation by a doctor and 72 per cent showed no evidence of

having been reviewed in the previous 15 months, according to Leeds GP Dr Arnold Zermansky.

"Inadequate control of repeat prescribing is wasteful and potentially dangerous," he concludes. He calls for major improvements in procedures, which "may require more resources and the imaginative use of nurses and pharmacists".

## Scottish campaign to combat 'big three' killers

The Health Education Board for Scotland is launching a campaign, called 'Save a life – your own', to tackle the 'big three' killers, coronary heart disease, cancer and strokes.

The campaign, aimed at 40-55-year-old men and women, will focus on what people can do to lessen the risks.

It features a 'Lifesaver' TV

advert and a telephone helpline.

In the new year, all Scottish households will receive a booklet detailing how to eat healthily, which will be supplemented by further TV and press advertising to cover smoking and exercise.

The 'big three' cause over half the deaths of people under the age of 65 and two-thirds of all deaths in Scotland.

## Cyclizine abuse rise

Pharmacists in Merseyside are refusing to sell cyclizine tablets following its increasing abuse.

However, the *Sunday Telegraph* reported this week that dealers are obtaining stocks by forging prescriptions or travelling to areas, such as Bournemouth, where large numbers of elderly people still buy it for travel sickness.

Cyclizine preparations are listed in the 'Medicines, Ethics and Practice' guide as among the products pharmacists should refuse to sell if misuse is suspected.

● Two members of the Scottish Executive are to meet David Grieve, who set up Overcount, a Dumfries pressure group to help people 'addicted' to OTC medicines. Mr Grieve has criticised pharmacists for not doing enough to warn of the addictive potential of OTC medicines or to prevent their sale to abusers.



## Heads in the sand?

Are independent pharmacists bone lazy, blasé or just bullish? Why have 69 per cent, as revealed in a survey, never had a formal meeting with their local GP? If they believe that burying their heads in the sand is going to help their businesses, they are horribly mistaken.

The Royal Pharmaceutical Society and the National Pharmaceutical Association have been trying to persuade pharmacists to improve their relationships with GPs for years, so why will they not help move the industry forward? While we may all agree that it should be the Government which takes the lead in promoting partnerships in primary care, it is up to independent pharmacists to get the ball rolling.

Horrifyingly few are doing this, while many more are still complaining about not getting more money out of the Government.

If pharmacists do not demonstrate that they can be an active part of the primary healthcare team, is it any wonder that GPs are failing to value them; that the Department sees no point in paying them; and that the industry is worried about a group of professionals who are unable to communicate with others in the primary healthcare team?

Some signs that the message is getting through are seen in the response to the NHS Executive's call for bids for projects which will develop the community pharmacist's role. The Executive has made £750,000 available in 1996/97 for pilot projects and has had more than 100 bids.

The burden to build these relationships should not fall only on pharmacists' shoulders. GPs are often equally intransigent.

However, manufacturers will increasingly target pharmacists as an important link to the patient. They will look to them to recognise when to cross-refer the patient back to the physician for prescription products. This link should not be ignored by GPs.

Pharmacies will also be used by manufacturers as vehicles for new ways of distributing their products, as a monitoring force for ensuring correct application of formularies and as a collection point for evidence-based information relating to outcomes, patient compliance and so on.

The sooner pharmacists grab the bull by the horns, no matter what the initial welcome from the primary care herd, the better for all.

*This column is contributed by a senior industry manager.*

## Still leaving a sour taste

A few more pieces of the jigsaw from Practice Resource Systems' repeat prescription management system, Health Plus, are now falling into place, with the announcement by PRS managing director Gary Noon that pharmacists will be able to offset the costs of the system by receiving counselling fees from the pharmaceutical industry (C&D November 9, p649).

Confidentiality has prevented Mr Noon from divulging any further details, but however these payments are arranged, the way in which Health Plus has been launched on the pharmacy market still leaves a sour taste in my mouth. It seems that I am the last person to be consulted, because, I assume, I am the least important link in the chain which determines how PRS is to generate its profits.

I would welcome the opportunity to be paid for the counselling I already provide for free, but these suggested payments give no guarantee that my capital and running costs will be met, let alone any additional fees for my professional time.

Once local doctors have signed up to the system, all pharmacists in competing situations will still be left with little choice other than to agree to PRS's terms. Currently, the up-front costs to the pharmacist are extremely high, the continuing payment for the 'privilege' of using the system equally daunting and the carrot of possible industry support to offset these is of little consolation.

This method of charging reminds me of the insurance industry, where endowment and pension policies are sold on the basis of commission paid out of clients' premiums, and not from the profits generated by the fund manager's expertise!

I will only be able to objectively study this system once I am fully aware of its details and if it is introduced at 'no cost' to myself. Mr Noon maintains that a full range of consulting initiatives are anticipated. If that is the case, then that is where PRS's return should lie and not from the manipulated, 'no alternative' pocket of the community pharmacists.

# Topical Reflections

## A recipe for confusion?

There are now a number of alternative glyceryl trinitrate sprays on the market and if customers were not confused before, they will be now with the launch of Nitromin from Dominion Pharma. This has the innovation of a 180-dose canister against the competition's 200-dose container!

In addition, Nitromin is being offered to pharmacists on a bonus of 14 as 12, so that extra profit can be generated by its dispensing against open prescriptions for a GTN spray. However, the Drug Tariff price is paid for a product containing 200 doses, so it must be questionable whether an unspecified dose prescription for the generic product can be legitimately filled by a non-Tariff item.

I object to this method of promoting a new 'me too' product by Dominion Pharma. If the company is able to demonstrate superior patient benefit, then that would be a different question. As it is, I hope for the company's sake that it has more success convincing doctors to prescribe Nitromin than it has so far in convincing me to buy it!

degree when trying to purchase Pepcid AC from an unfamiliar pharmacy. This gentleman suffers from occasional oesophagitis and I know that the Pepcid AC he uses is not masking an underlying serious disease, but, of course, the strange pharmacist was unaware of this.

Perhaps there was a breakdown in communication between both parties, but the net effect was that this gentleman's request was refused and, being annoyed, he walked out of the pharmacy in order to go next door to the newsagent where he was able to purchase a less than satisfactory, short-acting antacid, but with no questions asked!

Is this the sort of scenario that the Consumers' Association is advocating? The application of medicines sales protocols to the point that patients are denied legitimately-requested treatment and are instead encouraged to self-medicate on 'safe' unsupervised GSL medicines?

## Protocols – not an exact science

I have just had to spend some time calming down a very irate regular customer who was recently given the third



# SCRIPTspecials

Owen Mumford

Owen Mumford has launched Autolet Mini, a new compact blood lancing device (double pack, trade price £2.51) for use with the Comfortouch lancets. Another launch is the Unifine range of insulin syringes and Pentips. The single-use syringes, which come with 29 gauge needles, are available in 0.3, 0.5 and 1ml (100 syringes, trade price £11.50). The Pentips, for use with pen devices, come in 12mm 29 gauge needles and 8mm 30 gauge needles (100, trade price £9.80). **Owen Mumford. Tel: 01993 812021.**

## Peppermint oil

Confusion over the dispensing of generic prescriptions for peppermint oil has led the PPA to clarify the situation. Scripts for peppermint oil capsules (ordinary or enteric-coated) should be filled with either Colpermin or Mintec and endorsed with the brand. Scripts for peppermint oil capsules modified/slow release will be reimbursed as Colpermin.

## Cox digoxin

Cox has introduced a range of digoxin tablets in 28-tablet patient packs: 62.5mcg (£0.22), 125mcg (£0.26) and 250mcg (£0.30).

**Cox Pharmaceuticals. Tel: 01271 311200.**

## Metenix supplies

Metenix 5mg (metolazone) 100 tablets are out of stock because of raw material supply problems. Availability dates are unknown. **Hoechst Marion Roussel Ltd. Tel: 01895 834343.**

## CP nifedipine

CP has added nifedipine capsules to its portfolio. They are available in 100-capsule packs in 5mg and 10mg strengths (basic NHS price of £6.56 and £8.22 respectively). The company has also introduced new pack sizes for co-amilorfruse tablets: 2.5/20mg (56 tablets, £6.83); 5/40mg (56, £6.88; 100, £12.09) and 5/40mg (500, £52.25). **CP Pharmaceuticals. Tel: 01978 661261.**

## Pyridoxine on offer

BR is offering a 24 per cent discount off its pyridoxine HCl 50mg, which translates to a trade price of £3.79 for 500 tablets (quote reference BR23 when ordering). **BR Pharmaceuticals. Tel: 0113 256 5836.**

# Cacit D3 for improved calcium absorption

Cacit D3 is a new calcium and vitamin D supplement from Procter & Gamble Pharmaceuticals, which improves calcium absorption in people with low gastric acid secretion.

Available as effervescent granules, Cacit D3 contains calcium carbonate, which converts to the citrate when dissolved in water. This form is better absorbed than the carbonate because its take up is not dependent on gastric acid secretion.

Each 4g sachet of Cacit D3 contains calcium carbonate 1,250mg (equivalent to 500mg elemental calcium) and 440iu of vitamin D3, and dissolves in water to form a lemon and lime-flavoured drink.

It is indicated for the correction of vitamin D and calcium deficiency in the elderly and as an adjunct to therapy in osteoporosis. The dose is one or two sachets to be taken daily in water. A pack of 30 sachets has a

basic NHS price of £8.10.

The improved absorption is expected to particularly benefit post-menopausal women taking the supplement for osteoporosis. More than a third of women over the age of 50 have low gastric acid secretion, and as many as 40 per cent do not take calcium therapy with food which normally increases stomach gastric acid secretion.

**Procter & Gamble Pharmaceuticals UK Ltd. Tel: 01784 495000.**

# Manage hypercholesterolaemia OTC with P-licensed Fybozest Orange

Mild to moderate hypercholesterolaemia can now be managed over the counter with Fybozest Orange, a citrus-flavoured ispaghula husk drink from Reckitt & Colman.

Fybozest (265g, NHS basic price £6.43) carries a P licence, but is being promoted for prescription use. It is recommended as a first-line treatment with diet for patients with total cholesterol serum levels of 6.5-7.8mmol/l and is thought to provide GPs with an intermediate

management option between dietary advice alone and the use of lipid lowering drugs.

The standard dose is 3.5g ispaghula husk (dissolved in water) to be taken in the morning and evening. A high dose of 5.25g twice a day is indicated for use in the first two to three months in patients where a more rapid fall in cholesterol levels is needed.

Soluble fibre is thought to lower cholesterol levels by increasing the faecal excretion of bile acids or by reducing the

absorption of cholesterol through its viscous nature. Research has shown that a standard dose of the ispaghula husk lowers total serum cholesterol concentration by 10 per cent after 24 weeks of treatment.

Because ispaghula husk is non-systemic, it has no known drug interactions and is suitable for use in pregnancy and lactation.

Fybozest will be promoted to general practice from January. **Reckitt & Colman Products. Tel: 01482 326151.**

## MEDICAL MATTERS

# New obesity guidelines for Scots

Scotland has become the first country in the western world to set guidelines for the management of the obese and the overweight.

The main emphasis of the guidelines, drawn up by the Scottish Intercollegiate Guidelines Network (SIGN) under the direction of the Royal College of Physicians in Edinburgh, is prevention and weight management in the primary healthcare sector.

Another strategy is the reduction of the risk factors associated with obesity, rather than major weight loss or return to ideal/normal weight. Risk factors

include smoking, hypertension and hyperlipidaemia.

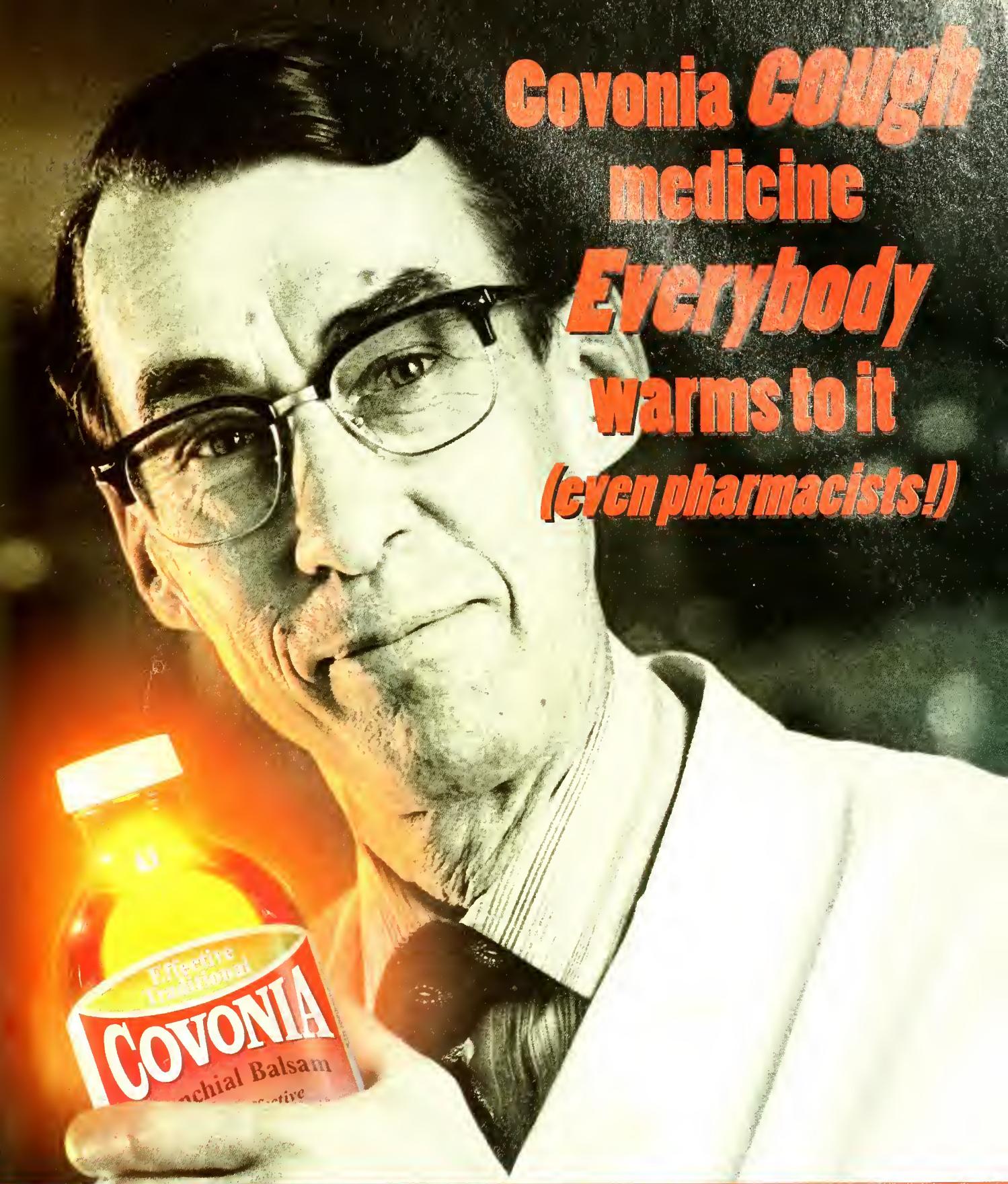
A weight management programme should include:

- support from trained personnel in a group setting
- dietary changes involving the patient's household
- behavioural modification
- exercise management with an increase in physical activity
- drug therapy for carefully-selected patients using specific drugs under medical supervision – long-term therapy should be assessed for safety and efficacy
- obesity surgery in an National

Health Service specialised unit.

The new guidelines, which recognise the condition as a major health problem, will target the 60 per cent of men, 50 per cent of women and 20 per cent of children affected in Scotland.

Dr Roland Jung, consultant physician at Ninewells Hospital, Dundee, and a member of the SIGN working party, says: "Obesity carries serious health risks and one cannot underestimate the misery that these cause. Being obese is a major handicap and should be classified as a disease and not as a social stigma."



# Covonia cough medicine *Everybody warms to it (even pharmacists!)*

More and more people are warming to Covonia. They love the distinctive taste and warm, comforting glow that only Covonia delivers. And once they try it, they tend to stick with it.

That's why sales of Covonia keep on increasing.

But now, Covonia sales are set to grow even faster. This winter will see the biggest ever advertising campaign for Covonia - with an intensive, high impact, radio campaign aimed at all adults. So be ready for the demand.

And with more than a 37% margin on return, you too will soon feel a warm glow.

# COVONIA

Thornton & Ross Ltd,  
Linthwaite, Huddersfield HD7 5QH.  
Tel: 01484 842217

# COUNTERpoints

## Gargling good news from TCP

Pfizer Consumer Healthcare is backing National Gargling Week (January 27) with the launch of a new consumer leaflet.

Entitled 'TCP – defender of the throat', it features Harmony, the gargling horse, and explains the benefits of gargling to fight a sore throat with step by step illustrations.

Campaign support will begin in January, and includes a £1.5 million TV ad campaign. Viewers will see a horse 'gargling' accompanied by the strapline 'TCP stops you being hoarse'!

Other promotional activity will include searching for Britain's greatest gargler through a series of radio competitions. Promotions and reader offers to win TCP gargling kits will also run in national and regional newspapers, as well as in women's magazines.

Free copies of the leaflet are obtainable from Pfizer Consumer Healthcare on 01420 84801, or by writing to: 'TCP – defender of the throat' Leaflet, Pfizer Consumer Healthcare, Wilsom Road, Alton, Hampshire GU34 2TJ. **Pfizer Consumer Healthcare.** Tel: 01420 84801.

## Solpaflex muscles in with new TV ad

Smithkline Beecham is supporting Solpaflex, its range of analgesics targeted for the relief of muscle and joint pains, with new TV advertising and a consumer leaflet.

The £1.7 million TV campaign, which runs until mid-December, highlights the benefits of the product for sufferers of muscle/rheumatic pain, and carries the message 'Solpaflex makes you feel human again'.

A consumer education leaflet is available for independents. Pharmacists can obtain

## Tubigrip tackles sports injuries

Tubigrip Sport is a new elasticated, lightweight, knitted support bandage from Seton Healthcare designed for immediate use after a sports-related sprain, strain or soft tissue injury.

It measures 2m in length, making it suitable for dual applications. It is available in three sizes: small, medium and large, and comes in two colourways: white, £5.25; and blue, £5.45.

Tubigrip Sport should

be applied as a double layer, and is designed to stay in place without the need for pins or tape. It is not area-specific, and can be cut to fit different body parts.

An education sheet and new POS material will support the launch



in independent pharmacies. **Seton Healthcare Group plc.** Tel: 0161 654 3000.

## Fighting fit with Arkopharma

Arkopharma is backing independent pharmacies with a winter trade promotion up until February.

A specially-designed point of sale unit to maximise on sales is available for when demand for cold, flu and rheumatism remedies is at a peak.

The display unit contains 24 packs and includes Phytocold (4 x 50), Phyto calm (4 x 50), Phytorhuma (4 x 50), Phytememo (4 x 50), Phytoforce (4 x 50) and Phytortrim (4 x 50). There are four boxes of each in

the selection and one box of Phytocalm (4 x 50) which is complimentary.

Arkopharma is supporting the launch with free POS material, which includes one shelf, one display backboard featuring Arkocaps, one shelf talker, 25 Phytotherapy booklets and 25 Arko-health leaflets.

The counter display unit is available from Ceuta Healthcare, wholesalers or direct from Arkopharma.

**Arkopharma UK Ltd.** Tel: 0181 763 1414.

## Free script bags available with Solpadeine

**Smithkline Beecham is offering pharmacists 1,000 Solpadeine branded prescription bags each free of charge when they order eight cases from the Solpadeine range.**

**The bags will be available until mid-December, distributed by SB territory business managers.**

**Smithkline Beecham Consumer Health UK.** Tel: 0181 560 5151.

## Nurofen support tops £10m mark

**Nurofen Cold & Flu is back on TV this week.**

The campaign will run throughout the winter season and features the familiar Nurofen Cold & Flu 'cliff' advertisement.

The advertising is part of the marketing support for the Nurofen range that is set to exceed £10 million during this year. **Crookes Healthcare Ltd.** Tel: 0115 9539922.

## 3M's winter promotions

3M Health Care is promoting 3M Breathe Right nasal strips as an alternative decongestant, with a special trade offer of seven packs of ten strips for the price of six.

The company is also running a trade competition on Super Plenamins vitamin and mineral tablets, with an opportunity to win £50 of M&S vouchers.

Both products are sold through Scholl Consumer Product's sales force. For order information contact Scholl customer services on 01582 443300.

**3M Health Care Ltd. Pharmaceuticals Division.** Tel: 01509 611611.

## All change

The Pur and Pur Natur range of baby feeding products is to change distributor from March 31. This follows mutual agreement between manufacturers Royal Industries (Thailand) and Jackel International. The brand will continue to be handled by Jackel until next March. **Jackel International Ltd.** Tel: 0191 250 1864.

## Back on board

Cuxson Gerrard will resume direct distribution and sales of the Carnation Footcare range from December 1. Orders should continue to be directed to current distributor English Grains up to November 30. Distribution in Northern Ireland remains unchanged through Prima Brands. **Cuxson Gerrard & Co Ltd.** Tel: 0121 544 7117.

## Cinema special

LRC Products has teamed up with UCI cinemas to run a special offer on packs of 12 Durex condoms. The offer will be available until September next year and entitles one adult to free admission to one performance at any UCI cinema (excluding UCI Empire, Leicester Square, London). In order to claim a free cinema ticket, customers need to complete the on-pack form and send it with a till receipt to the address given. The special packs are available from Unichem, AAH, Numark and Daniels. **LRC Products Ltd.** Tel: 01992 451111.

## Daily reminder

Heron Plastics has launched Pill Minder, a new device that helps patients to simplify the dosage of tablets to be taken daily. The Daily Pill Minder is supplied in boxes of ten pieces with an rrp of £0.96 per container. **Heron Plastics Ltd.** Tel: 01534 872183.

# FASTER

An unmistakable result in just one minute!

# CLEARER

Sharper, blue lines give a clear 'Yes' or 'No'

# EASIER

Newly designed test stick that's easier to read and use

# ACCURATE

More than 99% accurate in clinical trials



## ...AND SOON ON TV!

Meet Molly, our newest recruit. She'll be telling millions of your customers about New Clearblue. Molly will be starring in a brand new TV commercial as well as in leading women's magazines. In fact, Molly will be playing a leading role in the biggest support programme ever seen for a home pregnancy test.



**NEW CLEARBLUE - A STAR IS BORN**

## Using the press

French toiletries manufacturer Roger & Gallet is promoting its Christmas coffrets in the *Daily Express* and the *Times*. Adverts start in mid-November and run until December 19, with the strapline: 'Don't get flustered about this year's Christmas presents. Get into a fine lather instead.' **Roger & Gallet.**  
Tel: 0171 493 8232.

## New from Miners

**Bronzing powder in loose or compressed formulation** are the latest additions to the Miners Cosmetics range. Both products (£3.99) come in gold and black packaging, and the compressed powder also contains a sponge applicator. **Miners International Ltd.**  
Tel: 01264 350379.

## Going down

The price of the Hapika battery-powered toothbrush has been reduced to £5.95, with two replacement brush heads currently retailing at £2.99. **Dent-O-Care Ltd.**  
Tel: 0181 459 7550.

## Purple gets the blues!

Betty Blue is the latest iridescent nail colour shade from Spectacular Cosmetics. Priced at £1.45, it is a cross between lilac and soft blue. Also new to the range is Spectacular's new body glitter, Rainbow, at £2.45. Rainbow can be applied to highlight the face and body, and combines all the colours of the rainbow in a clear gel. **Spectacular Cosmetics Ltd.**  
Tel: 0181 900 1515.

## Heaven scent

Cosmetique Active has extended Vichy Basic Homme (a 'complete care' range for men). New L'Eau De Basic Homme (100ml, £15) is a light, water-based fragrance. It contains thermal spa water and is designed to soothe and protect the skin. **Cosmetique Active (UK) Ltd.**  
Tel: 01235 526747.

## Norwegian face formula

New Neutrogena Norwegian Formula Facial Cream (50ml, £5.99) is specifically formulated to treat dry facial skin.

The company claims that it has a light, easily absorbed formulation that is suitable for use under make-up. It is hypo-allergenic, lanolin- and fragrance-free, non-comedogenic, and has



an SPF of 5. It contains 30 per cent glycerin for intense skin moisturisation and, says the company, 'lasts for eight hours'. **Neutrogena (UK) Ltd.**  
Tel: 01628 822222.

## New wrinkle from Cosmetique Active

Cosmetique Active is launching Liftactiv, its new anti-wrinkle treatment, from February.

It contains aminokine, a derivative of soya protein, which the company says works to stimulate the production of glycans and reinforce the skin's elastin and collagen fibres.

The product's formula contains regenerative

vitamin A to help stimulate cellular renewal and a skin-tightening complex. It also combines UVA/UVB filters, antioxidants and Vichy thermal spa water.

Liftactiv is hypo-allergenic, non-comedogenic and has a light, non-greasy texture (50ml, £15).

**Cosmetique Active (UK) Ltd.**  
Tel: 01235 526747.

## Vantage takes bite at the Big Apple

AAH Pharmaceuticals is promoting its Vantage Photo Service in conjunction with Kodak Processing.

A Christmas-themed 'Scratch 'n' Smile' scratch card campaign will run until January 11, and gives every Vantage customer who takes a film in for developing the chance to

win one of a range of Kodak products, with a top prize of a three-day trip for two people to New York.

The promotion is supported with point of sale material, which includes A2 posters and A4 counter cards. **AAH Pharmaceuticals Ltd.**  
Tel: 01928 717070.

## Rest easy with Clarins Night Cream

Clarins is launching Extra-Firming Night Cream (50ml jar, £36) from February.

The company claims that the product is formulated for all types of mature skin, including dry. It combines a rich texture with a light fragrance that absorbs easily into the skin.

It is hypoallergenic and non-comedogenic. It

contains ylang ylang and cedarwood to help soothe and calm stressed skin, plus algae, micro-algae (spirulina and chlorella), and extracts of sunflower, wheatgerm and shea butter to help stimulate cellular renewal and strengthen the structure of skin.

**Clarins (UK) Ltd.**  
Tel: 0171 629 2979.

## Imedeen smooths the way with £1m

Ferrosan Healthcare is backing skin treatment Imedeen, with a £1 million advertising spend over the next six months.

Consumer advertising will run until mid-December and begin again in the new year. Full-colour advertisements, with the theme 'release your beauty from within', will appear in consumer titles

such as *Hello*, the *Mail on Sunday*'s *You* magazine, *OK Weekly* and the *Telegraph* magazine.

A new telephone advice line for the product's existing and potential users will be promoted through the advertisements.

Imedeen retails at £29.95 for 60 tablets. **Ferrosan Healthcare Ltd.**  
Tel: 01932 336366.

## Cheap and Chic is fresh and floral

The Aspects Beauty Company has launched Cheap and Chic Bath and Body Care, a new body line by Moschino.

The range has a fresh, floral aroma. It combines top notes of bergamot, yuzu and petitgrain, with heart notes of Baghdad nymphea, peony, cyclamen, freesia and living eglantine, mixed with base notes of rich

woods, tonka bean, musks and white vanilla orchid.

The range comprises: Cheap and Chic Bain de Folie (200ml bubble bath, £18); Lait d'Ironie (200ml body lotion, £22); Boule de Savon (150g foaming soap, £14); and Deodorant a Bille (50ml roll-on deodorant, £13). **Aspects Beauty Company.**  
Tel: 01273 400085.

## Bronzed and beautiful babes

Original Additions is extending its range of press-on nails with the launch of a new colour.

Elegant Touch Bronzed Babe Stickers Active nails (£3.15) are aimed at the teen market and

reflect this winter's high-fashion trends.

Other new colours in the range are Natural Peach and Natural Pink. **Original Additions (Beauty Products) Ltd.**  
Tel: 0181 573 9907.

## ON TV NEXT WEEK

**Belle Color:** All areas

**Beechams Powders:** All areas except U

**Benylin Four Flu Hot Drink:** All areas except CTV, GMTV, GTV, HTV, STV

**Day & Night Nurse:** All areas except U

**Ibuleve:** G, B, Y, TT, C

**Macleans New Total Toothpaste:** All areas

**Oil of Ulay:** All areas

**Otex:** C

**Pantene:** All areas except GMTV

**Regaine:** G, C, A, M, CAR

**Solpaflex:** All areas except U

**The Wrigley Company/Sugar Free Brands:** All areas

**Tunes:** All areas

**Wash & Go:** All areas

**Wella Experience:** All areas except HTV, CTV, GMTV, TSW

**GTV Grampian, B Border, BSkyB British Sky Broadcasting, C Central, CTV Channel Islands, LWT London Weekend, C4 Channel 4, U Ulster, G Granada, A Anglia, CAR Carlton, GMTV Breakfast Television, STV Scotland (central), Y Yorkshire, HTV Wales & West, M Meridian, TT Tyne Tees, W Westcountry**



Nurofen Cold & Flu provides your customers with fast and effective relief from a wide range of symptoms, with the reassurance of the Nurofen name.

It's ibuprofen's anti-inflammatory, analgesic and anti-pyretic action, combined with pseudoephedrine's decongestant efficacy, which makes Nurofen Cold & Flu so effective.

With such advanced active ingredients, it's no wonder that Nurofen Cold & Flu has been shown to provide more effective overall relief than a leading paracetamol-based combination.<sup>1</sup>

So when your customers need to escape from multiple symptom misery, there's only one recommendation you need to make – Nurofen Cold & Flu.

## NUROFEN COLD & FLU

**ibuprofen**  
**pseudoephedrine**



**ADVANCED MULTI-SYMPMOMT RELIEF**

**PRODUCT INFORMATION** Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications.** Effective in the relief of symptoms of colds and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration.** Adults and children over 12 years: initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings.** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach

disorder. Asthma, anyone allergic to aspirin, anyone receiving regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number.** Nurofen Cold & Flu 0327/0060. **Licence Holder.** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category.** P

Price: £2.39 for 12, £3.79 for 24, £4.99 for 36. Prices correct at the time of going to press. **References.**

1. Data on file, Crookes Healthcare, Research Report No. M90122. Date of preparation October 1996.



CROOKES HEALTHCARE

# ADMINISTER THE ANAESTHETIC



Many customers always rely on their pharmacist for advice. And when these customers need relief from sore throats, Dequacaine is one of the strongest recommendations you can give.

Dequacaine contains Benzocaine, a powerful local anaesthetic to numb the pain and the antibacterial ingredient Dequalinium Chloride to help fight infection.

Dequacaine has always been supported by pharmacists and with a proven profitable track record, a recommendation of Dequacaine ensures your services are well rewarded.

MAKE DEQUACAIN E YOUR POWERFUL  
RECOMMENDATION FOR SEVERE SORE THROATS

**PRODUCT INFORMATION:** Throat lozenge containing Benzocaine B.P. 10mg, Dequalinium Chloride B.P. 0.25mg. **Also contains:** Sodium Saccharin, Levomenthol, Racemic Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal Silica, Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief of severe sore throats. **Contra-indication:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low plasma

cholinesterase concentrations and taking anticholinesterases. **Precautions:** If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervision. Should be used with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under

12 years of age. **Side effects:** Occasional hypersensitivity reactions and Methaemoglobinæmia. **Packaging quantities:** 24 lozenges in a carton (P).

**RSP:** £2.25 **PL:** 0327/0063. **Licence holder and manufacturer:** Crookes Healthcare Ltd, Nottingham NG2 3AA.

Prepared September 1996.



CROOKES HEALTHCARE

24 Lozenges

## Dequacaine

TREATMENT FOR  
SEVERE SORE THROATS

Powerful Local Anaesthetic  
Fast-acting Anti-bacterial Agent

## New and improved

SHS is relaunching its Juvela Gluten Free Crispbread. It will be available in a six x 210g pack, and has a trade price of £16.08.

**Scientific Hospital Supplies (UK) Ltd.**  
Tel: 0151 228 1992.

## Nozovent price

From December 1, the retail price of Nozovent will be £8.99 (inc VAT). The new trade price will, therefore, be £5.75, excluding VAT, or £6.75 inclusive. This price is relevant to both the medium and large sizes of Nozovent.

**Kestrel Healthcare Ltd.**  
Tel: 01962 866449.

## New format

Robinson Healthcare has relaunched Feverscan, its forehead thermometer, in a new analogue format. This enables a temperature to be read along a continuous scale in just 15 seconds.

Feverscan (£2.65) eliminates the danger of broken glass and mercury ingestion. The pack is small and compact with a clinical design.

**Robinson Healthcare.**  
Tel: 01246 220022.

# Nutritionally-improved Prematil builds on strength

Milupa is launching an improved version of Prematil, its low birthweight formula, from December.

Nutritionally-improved Prematil provides an increased energy content (now 80kcal/100ml), increased protein (2.4g/100ml) and sodium (41mg/100ml) levels, plus a higher iron content (0.9mg/100ml).

Milupa has optimised the calcium to phosphorous ratio (2:1) and improved its vitamin, mineral and trace element content.

Pematil is currently only available to pharmacy in a powdered



format (400g tin, \$7.03).

**Milupa Ltd.**  
Tel: 0181 573 9966.

## Rock and roll with Morphy Richards' Easy Curl

Morphy Richards has launched Easy Curl, its new PC960 Heated Roller Set.

It comprises 16 lightweight flocked rollers in three different sizes – four large, eight

medium and four small, plus a set of 16 clips.

The company says each roller has easy grip ends and stay cool outer rims for hassle-free unwinding. The universal heating post takes any size of roller. A

cut-out mechanism ensures no overheating.

The PC960 is priced at £18.99 and comes with a two-year guarantee.

**Morphy Richards Consumer Electronics Ltd.**  
Tel: 01709 585525.

## Cebe sets its sight on the UK fashion market

Cebe has launched a new range of fashion sunglasses in the UK.

They are designed to eliminate UV rays and come in a variety of lens tints – green, brown, grey

or orange – or with mirror lenses in blue or silver.

The Cebe selection comprises fashion, mountain and outdoor sports, and children's styles.

Glasses are priced between \$30 and \$100, and come in a hard case, or soft bag impregnated with cleaning fluid

**Cebe Ltd.**  
Tel: 0171 304 7031.

# Three in ten ready to leave community pharmacy

A third of pharmacists from Devon and Cornwall do not think that they would be working in community pharmacy in three years time.

Lack of funding and long hours were the two main reasons cited in a Liberal Democrat survey of 104 pharmacists in south west England.

Almost all (98 per cent) of those surveyed thought that their workload had increased in the last five years, with the average working week for 86 per cent being over 40 hours.

The Liberal Democrats conclude that pharmacists are unhappy with the Government's handling of pharmacy affairs.

The party says it would:

- review the payment regime to minimise cash-flow problems
- retain Resale Price Maintenance scheme
- freeze prescription charges
- retain and monitor the doctor dispensing service.

The Government's payment system should be reviewed, think

98 per cent of the pharmacists. Customers have been turned away or referred to another pharmacist by 12 per cent because of the costs of dispensing.

If medicines presented on prescription are cheaper than the NHS charge, 95 per cent of pharmacists would advise patients they could buy it more cheaply.

## White Paper highlights ambitions

Professional development is a key priority for the future NHS, according to a Government White Paper published this week.

The paper, 'The NHS: a service with ambitions' (HMSO, \$8.25), says the aim is to consider:

- existing policies for professional development and assess the extent to which they support NHS strategic objectives
- how best to encourage multi-professional working and effective team working
- how the existing partnerships might be developed to ensure high

standards of basic, higher and continuing education, reflecting changing patterns of service

- consider the deployment of NHS education and training budgets, drawing particularly on the development priorities of employers and the concerns of the professions.

The White Paper commits the Government to developing the NHS as a public service, with real-term increases in NHS spending year by year and a belief that the NHS will continue to be affordable.

### TRADE ANNOUNCEMENT

#### PUR AND PUR NATUR BRAND – CHANGE OF DISTRIBUTOR

The Pur and Pur Natur range of baby feeding products is to change distributor in the UK from March 31, 1997.

This follows a mutual agreement between Royal Industries, the Thailand-based manufacturers and Jackel to end their nine year relationship whereby Jackel distributed all Pur and Pur Natur products in the UK.

The brand will continue to be handled by Jackel until the end of March 1997 when a new distribution arrangement will be announced. Customers will continue to receive the usual high standard of quality and service for Pur and Pur Natur products.

At Martindale Pharmaceuticals' Specials manufacturing

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## Uncertain future

*Chemist & Druggist* (November 2) told of the closure of eight pharmacies by Lloyds.

At the moment, pharmacies seem to be viewed favourably by head office accountants at multiple chemists and supermarkets.

Can you wonder that pharmacists are looking twice at management posts when one of the factors affecting their future may be a change of policy at a distant head office? (This is a general comment and not directed towards Lloyds).

**Anon**

## An open letter to the PCC of Northern Ireland

I would like to address an open letter to the Northern Ireland Pharmaceutical Contractors Committee. I am concerned about the role that that Committee sees itself fulfilling within the procedures being adopted for the consideration of contract applications in Northern Ireland.

When a contract application is made to a health authority, the authority asks the PCC, among other parties, to comment upon the application.

The PCC also appoints two non-voting representatives to the HA's own committee which decides whether or not to grant the contract application. The role of the PCC is, therefore, influential in the outcome of any application.

In view of this role, I would like a number of points clarified. When the PCC is informed of a particular application, presumably there is discussion before the PCC decides upon an approach to that application.

If a member of the PCC has a direct personal interest in an application, either as the applicant or an objecting party, would the Committee think it proper that such a member was free to take part in such a discussion?

In the past, has it been the case that members did not exclude themselves, but took part in the discussion of applications in which they had a direct personal interest?

Assuming the PCC decides to object to a particular application, I am also interested in what form this objection takes. For example, should the objection confine itself to the interpretation of the regulations as they apply to an application?

Alternatively, the PCC may think accusing the applicant of seeking financial gain, or of attempting to gain patients from other pharmacies would carry more weight? Does the Committee think that accusing contractors of not being truthful about, or omitting their real motives would be a reasonable approach for the Committee to take in its objection?

I am also interested in the view of the PCC in relation to relocations which allow pharmacies to move closer to doctors' surgeries. Does the Committee think that if one such relocation is allowed, it will set a precedent?

**Brendan Anglin**  
Belfast

*PCC secretary T O'Rourke replies:*

*1 The PCC is responsible for the appointment of two community pharmacists to the Pharmacy Practice Committee of the Health and Social Services Board. These two nominees are non-voting members of the panel and, although they take part in the discussion of the application, they retire when a vote is being taken. The PCC is also responsible for the nomination of a non-contractor pharmacist (not an employee of a contractor) who does have a vote at these hearings.*

*2 When applications for relocations or admission to the Pharmaceutical List are being discussed by the PCC, any member involved in any way must leave the meeting while a decision is being taken.*

*3 Objections to any application must be based on the interpretation of the Regulations, and it is not the province of the Committee to question the applicant on the reason for making such an application.*

*4 The general policy of the PCC is that pharmacies within the neighbourhood of the population provide the best possible pharmaceutical service to the public. We do not condone the leap-frogging by pharmacists close to doctors' surgeries.*

## Touch of frustration

Who was the brains behind Zimovane and Zimovane LS? I'm wrestling with a script that says 'Zopiclone 7.5mg: take half to one at night', and Rhone-Poulenc doesn't even mention that the tablets aren't scored anymore!

Thank you for the wondrous statement 'New formula' on the box! Thank

you for not enclosing a leaflet inside as well. You managed a new tablet, though!

Did you reduce our worries about 'counselling'? No! Did you price the different strengths to allow us to double up? No, of course not! Can I claim for using the lower strength?

**P J Rose**  
Crediton

## Fitting in with Lilly

Chris Shaw talks about Lilly Integra's plans for diabetes (*C&D* November 9, p662): "an integrated diabetes package being put together for authorities. The diabetes service will contract with HAs to provide education, marketing and equipment of specialist services". He was non-committal about where pharmacists might feature in packages put together by his company.

How different from Glaxo Wellcome, which can see the value of pharmacists and is featuring them in its future plans.

"It is up to pharmacists to fit in with Lilly Integra's plans," he says. Is this what the company has also said to the medical and nursing professions? Is it going to bypass diabetic clinics and practice nurses, etc?

I want to know what Lilly Integra's plans are to date. Who will be doing what? How can we "fit in"? Has the company had discussions with these professions, or is it just us Lilly is ignoring?

**Irene Gummerson**  
Wakefield

## Adding insult to injury

What offends readers most is the insult to their intelligence by purveyors of misleading statements. Recently, David Thomas (*C&D* October 19, p562) tried to do just this, but the transparency of his methods should be clear even to the least questioning of pharmacists.

I draw your attention to an accurate report, 'Feelings run high in the Fens' (*C&D* October 12, p468), and ask you to make a comparison, for the sake of establishing what was actually said, and what was not. Not for the first time, Mr Thomas has criticised the Pharmacy Support Group on dubious grounds.

We have to challenge Mr Thomas to explain where he got the notion that I, or any other members of the PSG, have, as he calls it, "uttered" words attributed to us in his letter. Furthermore, he implies that the PSG used intimidating

tactics to silence pharmacy politicians. On what basis is he making that statement? Where is the evidence?

I assured independent pharmacists at the Lincolnshire Local Pharmaceutical Committee Conference that the PSG would continue to voice concerns when appropriate and seek fair treatment for all, as it is a basic principle of a good and just society. We work always without fear or seeking favours.

Mr Thomas has in the past suggested a strong link between the review of Resale Price Maintenance on medicines and the successful PSG campaign to halt a decline in the margins. This association is as ridiculous a link of 'cause and effect' as linking the quality of his letter (cause) to the Department of Health's derisory pay offer to be announced soon (effect).

At first, it may seem that his criticism is directed at the PSG, but, in reality, he is rubbishing the genuine concerns of many thousands of community pharmacists; branding the press as irresponsible for covering the campaign; and criticising the NPA Board that actively joined the campaign.

He should be able to recall that in March, 1995, the NPA (of which he is a treasurer), concerned about the deteriorating situation, issued a headline-grabbing announcement of its intention to take appropriate action on margins.

**Hemant Patel**  
Dagenham

## Kimberly-Clark snubs independents

Imagine my disgust when my wife (one of my best customers for Huggies nappies) received a direct mailshot from Kimberly-Clark giving money-off vouchers to use only at Sainsbury or Savacentre!

Why does Kimberly-Clark wish to direct our customers to the large supermarket giants? Is this another Unipath-like arrangement?

Manufacturers must realise that any short-sighted deals made with big muscle companies will not be tolerated by the independent chemist. I ask all pharmacist managers to reconsider their attitude to promoting Huggies in the knowledge that their hard work will be directed elsewhere.

**Barrie Smith**  
London SE8

## PACT data II

A second look at PACT data, with an emphasis on quality markers /

## Research Digest

The link between beta-blockers and fatigue is investigated /

## Amphetamines

Misuse of these drugs and other CNS stimulants /



# PACT in perspective

**Dr John Ferguson**, medical director at the Prescription Pricing Authority, and **Martin Jenkins**, deputy director of pharmaceutical advisory services, delve further into PACT and into the use of quality markers which can be derived from PACT data

Following on from the introduction of the new PACT Standard Reports, PACT centre page articles were introduced in August, 1994. These reports aim to set an area of current therapeutic interest into the national and local context. So far, nine topics have been covered (see Box 1).

The articles are in the centre four pages of the PACT Standard Reports. The first three pages comment on the national picture. The fourth page puts the practice prescribing pattern over the last quarter into the context of the national picture. It also provides comparison with the average for the health authority adjusted to account for the number of prescribing units in the practice.

The national PACT data going back up to four years are examined to try to find trends in the prescribing of the products within the therapeutic category selected. Based on the patterns and trends found and current medical opinion, the text of the article is prepared by the medical director with the help of an editorial board.

As well as national trends, variations by health authority are occasionally examined



and often show considerable variation.

### Quality markers

In looking at usage trends, World Health Organisation Defined Daily Doses (DDDs) are used as a method of comparing products within a therapeutic group. Some of the interesting findings of the analysis carried out and the suggested quality markers are discussed below.

### Lipid lowering drugs

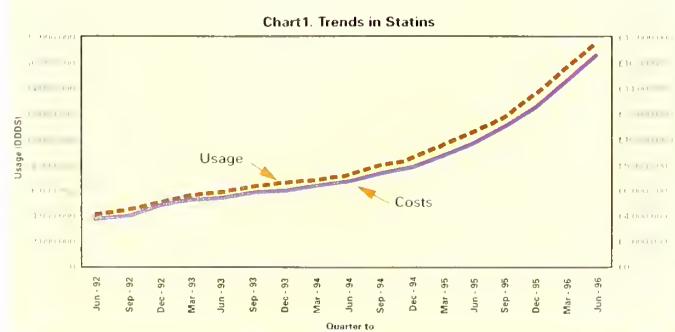
The use of lipid lowering agents, particularly statins, is one of the main growth areas, covering one of the Government's 'Health of the Nation' targets.

The usage was also boosted by the publication of the West of Scotland Coronary Prevention Study late last year. Chart 1 shows the trends in usage (as measured using DDDs) and cost over the past four years. The increasingly upward trend can be clearly seen.

A review by family health services authority showed a normal distribution around a mean of 130 DDDs per 1,000 population, although some authorities were prescribing up to three times as much and others less than half the average.

#### ● Discussion point

Are patients who meet the criteria receiving treatment



with lipid lowering agents, and are there patients, not meeting the criteria, who are also getting lipid lowering agents?

### Diuretic use

This specifically refers to the use of diuretics in hypertension. Recommendations are that for simple hypertension bendrofluazide 2.5mg gives the best effect. As a quality marker, the ratio of bendrofluazide 2.5mg to 5mg will indicate whether patients are receiving the appropriate dose.

The trends in terms of prescriptions, cost and usage (as DDDs) is shown in Chart 2. The trend has been towards an increased use of 2.5mg and the ratio of prescriptions is now more than two to one.

#### ● Discussion point

How does the ratio of scripts dispensed compare with the national average?

### Antidepressants

This is looked at in terms of tricyclics and selective serotonin re-uptake inhibitors.

The prescribing of antidepressants continues to grow with over 350 million DDDs in the last 12 months at a cost of over £150 million. The two main groups are the tricyclic antidepressants (TCAs), such as amitriptyline and dothiepin, and the SSRIs. The main growth area has been SSRIs. The ratio of usage (as DDDs) of SSRIs to TCAs has grown so that usage of both groups is now about the same.

The cost of SSRIs is about four times that of TCAs (Chart 3). Their efficacy is similar, although the side-effect profile is different.

#### ● Discussion point

Continued on P11

# Exercise and beta-blockers

Some beta-blockers cause fatigue and may have a negative effect on mood. This threatens compliance and has been cited as one reason why newer anti-hypertensives may offer an advantage, even though only the thiazide and beta-blockers have been shown to reduce mortality in people with hypertension.

A study in Birmingham has found that aerobic exercise improves mood and feelings of wellbeing, and it is recommended for people with risk factors for cardiovascular disease. Does exercise overcome the problems of beta-blockers, or do these drugs block both beta-receptors and the benefits of exercise?

Mood and anxiety status were measured in 20 healthy volunteers before and after aerobic exercise during four

days' treatment with metoprolol 50 and 100mg or propranolol 40 and 80mg.

Compared with placebo, only the higher dose of propranolol was associated with a significant increase in scores of depression, tension, mood disturbance, fatigue and confusion at baseline. Exercising for one hour at 50 per cent maximum oxygen uptake abolished the negative effects on mood and anxiety, though fatigue and confusion were unaffected. There were no differences before and after exercise after administration of placebo.

Propranolol presents a greater risk of adverse psychological effects than metoprolol but many of the associated mood changes can be overcome. Motivation to exercise may be a problem.

*British Journal of Sports Medicine* 1996;30:238-42



## Fluoxetine and pregnancy

Clinicians offering a telephone teratogenicity information service in California followed the pregnancies of 228 women taking fluoxetine and compared the outcomes with 254 other pregnant callers not taking medication.

There were no differences in the frequency of spontaneous loss of pregnancy (9-10 per cent) or in the rates of major structural birth defects (4-5 per cent). However, the incidence of three or more minor anomalies in children born to women taking fluoxetine was significantly greater (15.5 vs 6.5 per cent).

Restricting the analysis to infants exposed to fluoxetine during the first trimester, the risk was increased for premature delivery (RR = 4.8), admission to special care units (2.6) and poor neonatal adaptation (respiratory difficulty, cyanosis on feeding, jitteriness: RR = 8.7). Birth weight was significantly reduced in those exposed to fluoxetine in late pregnancy.

Interpretation of the data is difficult. The greatest risk with fluoxetine may relate to its use in the third trimester.

## Experience with clozapine use

The atypical antipsychotic clozapine was introduced in the UK in the full knowledge that it was associated with a relatively high frequency of neutropenia and potentially fatal agranulocytosis. However, its efficacy when conventional antipsychotic agents failed was such that the risk was accepted.

The Clozaril Patient Monitoring Service was established to monitor blood counts during treatment. Co-ordinated by pharmacists, it ensured that the chances of early detection of toxicity were high. If the neutrophil

count was found to be below  $1.5 \times 10^9/\text{litre}$ , treatment was withdrawn.

Of 6,316 patients prescribed clozapine, 54 per cent were currently taking it. Forty-five per cent had been treated for at least one year and 25 per cent for at least two years. The average age of patients was 37 and two-thirds were men. Treatment withdrawals were increasingly common with age and among women; most of those who withdrew did so for lack of efficacy, poor compliance or non-haematological adverse effects.

Just over 4 per cent stopped treatment because of a low

blood count. Neutropenia and agranulocytosis were more common during the first 6-18 weeks of treatment, occurring in 1.2 and 0.7 per cent of patients respectively.

Haematological toxicity was rare after the first year. Most cases were reversible, but two patients with agranulocytosis died in the first 12 weeks of treatment. They were taking moderate doses, confirming the view that haematological toxicity is not dose-related. The only significant risk factors were older age and Afro-Caribbean ethnic origin.

*British Journal of Psychiatry* 1996;169:483-8

## Impact of asthma management guidelines

Few would argue that the British Thoracic Society's guidelines on the management of asthma have not been pivotal in changing clinical practice. Everyone now accepts the central role of prophylaxis with inhaled steroids and the stepped approach to treatment. But not all has gone so smoothly.

As asthma-related deaths are caused by acute severe attacks, it is important for hospital management to be appropriate. An audit of 1,641

admissions for severe asthma in 36 hospitals before and one year after publication of the guidelines evaluated quality of care against eight criteria. General physicians scored worse than respiratory physicians on all criteria at baseline, but neither specialists nor generalists improved greatly after the introduction of the guidelines. In each time period, 13 per cent of patients died or were re-admitted within two months.

The authors admit a year may not have been enough time for the guidelines to take effect, but they accept that promotion of recommendations could have been more effective and that clinicians could have been more conscientious in introducing changes at local level. It is not sufficient to formulate guidelines: it is essential also to decide how they will be implemented.

*Respiratory Medicine* 1996;90:539-45

# Herbal medicines for arthritis

Conventional medicine is only partially effective against many chronic diseases, and arthritis is no exception. It is therefore unsurprising that many people try complementary therapies, often in the mistaken belief that there are no associated adverse effects.

Specialists at the Centre for Complementary Studies in Exeter have conducted a randomised double-blind, placebo-controlled trial of Reumalex, a popular over the counter herbal preparation used to relieve pain associated with arthritis. It contains salicylates and compounds claimed to have anti-inflammatory activity.

Eighty-two people with chronic rheumatoid arthritis or osteoarthritis were recruited to the two-month study. They were elderly (mean age 62) with long-standing disease (mean duration of arthritis 11 years) but not greatly disabled or functionally impaired. None were taking anti-inflammatory medication, but self-treatment with analgesics was allowed.

Compared with placebo, treatment with the herbal preparation was associated with significantly lower pain scores, greater improvement over baseline and improvement in affected joints. However, few subjects reported improved pain relief, a finding the authors attribute to the effects of cold and damp weather at the end of the study which prompted many patients to complain of an exacerbation of symptoms.

Also, there were no changes in the consumption of other analgesics; no differences in adverse effects; and no improvement in disability, though there was a small but not significant improvement in mood scores.

In conclusion, herbal remedies will not transform the treatment of arthritis but neither will they interfere with conventional treatment.

*British Journal of Rheumatology 1996;35:874-8*

**Research Digest** is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

# High speed

**Amphetamines and other CNS stimulants are misused not only for their euphoric effects but also for their ability to increase stamina, such as in sport or shift work. Rod Tucker, a community pharmacist and director of the Freelance Needle Exchange scheme in NE Lincolnshire, looks at the misuse of these drugs**



**A** mphetamine was first synthesised in 1887, though it was not until sometime in the 1920s that it was used in humans. The amphetamine freebase is fairly volatile. It was originally marketed in 1932 by Smith Kline & French as a nasal decongestant inhaler for the treatment of colds and hayfever symptoms.

The stimulant effects of the drug did not go unnoticed and, as a result, amphetamine was soon used, and continues to be used, to treat narcolepsy (a condition of uncontrollable sleepiness). Amphetamine use soon became widespread and by the late 1940s there were as many as 39 accepted

medical indications for amphetamine.

## Amphetamine abuse

The non-medical uses of the drug can be traced to World War II when British and German soldiers took it as a pep pill to maintain wakefulness and to counteract fatigue. It was not until 1956 that amphetamine was made a Prescription Only Medicine.

Although legislation in 1964 restricted the supply of amphetamines, a growing black market emerged. The prescribing of injectable methylamphetamine by doctors at the newly-established drug dependency units to treat cocaine addicts created further problems and



THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 34), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D DECEMBER 14, PROVIDES 1 HOUR OF CONTINUING EDUCATION

## OBJECTIVES

- To be aware of the misuse of amphetamines and other CNS stimulants
- To recognise the classes of amphetamines available
- To be familiar with mode of action, effects and withdrawal symptoms of these drugs
- To recognise abuse of Ecstasy and crack cocaine

in 1968 prescribing of injectable amphetamine was restricted to hospitals.

Amphetamines are in Class B of the Misuse of Drugs Act and Schedule 2 of the Misuse of Drug Regulations. However, if prepared for injection, this constitutes a Class A offence.

Though prevalence varies throughout the country, official figures show that amphetamine users represented 10 per cent of those making contact with agencies in 1994. Home Office figures also show that in 1994 there were 13,000 amphetamine seizures and 8,500 amphetamine offences. Today, amphetamine

*Continued on PVI ▶*

## Ecstasy

misuse is confined mainly to amphetamine sulphate (known as sulphate, speed or whizz), an off-white powder which is usually produced illicitly.

Generally, the quality of illicit amphetamine is poor, sometimes as low as 2 per cent. It is diluted (or cut) with a number of compounds, including ephedrine (which is chemically similar to amphetamine), caffeine, glucose, vitamin C or sometimes chalk and talcum powder.

Amphetamine can cost about £10-£12 a gram (or £5 a 'wrap' or bag) and is either sniffed, swallowed, dissolved in alcoholic drinks or injected. Regular users may inject up to 8g a day and this can continue for several days in a so-called 'speed-run'.

### Mode of action

The mode of action of amphetamine (and other CNS stimulants, such as cocaine) is still not entirely clear. On a simple biochemical basis, it is known that amphetamines increase the secretion and inhibit the re-uptake of noradrenaline, dopamine and serotonin. In addition, amphetamine is a weak agonist at post-synaptic amine receptors. However, it is the release of dopamine in the nucleus accumbens, which is part of the mesolimbic dopaminergic

pathway, which is responsible for the production of the pleasurable and mood-elevating effects of amphetamine.

Nevertheless, it is not true to say that the mood-altering effects of amphetamines are solely attributable to the increase in dopamine in the nucleus accumbens, as such increases can also occur in the presence of food, sexual partners or other pleasurable stimuli.

The elucidation of the mode of action of stimulants remains in its infancy and the failure of simple dopaminergic antagonists to treat addiction illustrates how little is known about how such drugs exert their effects. Nonetheless, the development of powerful imaging techniques, such as PET (positron emission tomography) and SPECT (single photon emission computed tomography), are beginning to shed light on the nature of receptor binding in human addict studies.

### Amphetamine effects

The main reason why people use amphetamines is to become more alert, overcome fatigue since they provide more energy and generally produce a feeling of exhilaration. Because of these effects, amphetamines have been used by students (usually before exams to allow them to study all night) long-distance lorry drivers and shift workers.

Although now banned in sport, amphetamine use was popular among cyclists and it is now becoming more popular with some body

their spiritual outlook on life. In fact, some of these positive effects have been noted by those people who take fluoxetine.

The effects of Ecstasy appear after about an hour and can last for several hours. It produces an amphetamine-like sense of euphoria and has similar sympathomimetic effects. It also has hallucinogenic effects and it is known to stimulate serotonin receptors. Research indicates that, when given over a long period of time to laboratory animals, it can lead to degeneration of serotonergic pathways.

● **Effects:** in 1992, research into the effects of MDMA found that it had positive effects on mood, with people reporting that it had a lasting positive effect on their social/interpersonal functioning, while others noted how it altered

builders as a means of reducing fat.

Amphetamines exert both sympathomimetic and psychiatric effects:

#### ● **Sympathomimetic**

Amphetamines increase heart rate, raise blood pressure, reduce appetite and saliva production and may produce an adverse effect in those people already taking sympathomimetic drugs. Pupil dilatation also occurs, causing some amphetamine users to become photo-phobic.

Users who inject the drug start to experience the effects almost immediately and will inject every two or so hours. Regular users may continue to inject for a few days and neglect both eating and sleeping. It is possible for some users to inject several grams of amphetamine and chronic users can use up to 15g in 24 hours.

However, it should be remembered that the purity of street amphetamine is very low. Moreover, it is only the d-isomer which is psycho-active.

#### ● **Psychiatric**

Perhaps one of the more famous effects of amphetamines is their ability to produce a psychosis which was originally mis-diagnosed as paranoid schizophrenia. The main difference between the amphetamine psychosis and the paranoid

schizophrenic is that the former psychosis disappears a few days after the drug is no longer used.

The psychosis is characterised by feelings of persecution, abrupt mood swings and hallucinations.

problem of adulteration. Analysis of Ecstasy tablets has shown that the highest concentration was no more than 30 per cent, and many of these contained other ingredients, such as caffeine, ketamine, triprolidine and MDE (methylene dioxyethylamphetamine), which is not the methyldiethylamphetamine derivative.

● **Fatalities:** there have been many deaths attributable to Ecstasy. The deaths that have occurred have been mainly due to heat-stroke, heart attacks or cerebral haemorrhages. Ecstasy also causes the release of anti-diuretic hormone, which ultimately leads to fluid accumulation, especially in those who are drinking large amounts of water. It is important that users recognise the signs of heat-stroke, such as cramp pains in the limbs, vomiting and a sudden feeling of tiredness.

One particular hallucination is the belief that small insects are crawling all over their skin. This can be quite serious as users may cause themselves to bleed by their aggressive scratching. Such observations have also been produced in experimental animals exposed to amphetamine.

### Withdrawal

Drugs such as opiates produce a well defined withdrawal syndrome consisting of a range of symptoms such as goose-flesh and sweating. These are physical symptoms which are thought to be due to enhanced adrenergic activity which is presumably suppressed by opiates.

However, with amphetamines, the withdrawal syndrome is not so well defined, though chronic administration of amphetamines (or any other abused drug) does result in homeostatic adaptations and the consequent withdrawal effects produced in the absence of the drug have been attributed to reduced levels of dopamine.

The amphetamine withdrawal syndrome is characterised by feelings of lethargy, extreme tiredness (often sleeping constantly for up to three days), a voracious appetite and sometimes suicidal tendencies.

Withdrawal effects have been reproduced in laboratory animals which are given unlimited access to CNS stimulants. After a period of 72 hours they were

### Box 1: classes of amphetamines

Amphetamine derivatives:

- Dexamphetamine: dextro-isomer of amphetamine; the more potent psychostimulant which is commercially available as Dexedrine
- Methylamphetamine: amphetamine derivative also known as Ice and Speed
- Methylene dioxymethamphetamine: MDMA, also known as Ecstasy.

Compounds which are chemically related to amphetamine, but lack the psychostimulant properties include:

- Fenfluramine (Ponderax)
- Dexfenfluramine (Adifax)
- Diethylpropion (Tenuate dospan).

These drugs are used clinically in the management of obesity and are not considered to be addictive, although more recently this premise has been challenged.

# POLITE NOTICE

**For prescriptions written as  
diclofenac EC, MR 75mg Caps  
or diclofenac DR 75mg Caps.**

**You are obliged to dispense:**



**Please note:**

**Motifene 75mg may also be dispensed against diclofenac 75mg mr, Caps.**



**Motifene 75mg Abbreviated Prescribing Information.**  
**Presentation:** Blue-capped, colourless capsules containing 75mg of diclofenac sodium in a dual-release, pelletised formulation. 25mg of diclofenac sodium is presented as enteric-coated pellets, the remaining 50mg as sustained-release pellets. **Indications:** Rheumatoid arthritis, osteoarthritis, low back pain, acute musculo-skeletal disorders (e.g. periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations), relief of pain in fractures, ankylosing spondylitis, acute gout, control of pain and inflammation in orthopaedic, dental and other minor surgery. Not suitable for use in children. **Dosage:** One capsule once or twice a day, preferably just before a meal. Non-steroidal anti-inflammatory drugs should be

used with caution in the elderly. **Contra-indications:** A known sensitivity to diclofenac, active or suspected peptic ulcer or gastro-intestinal bleeding, asthmatics in whom attacks of asthma, urticaria or acute rhinitis are precipitated by other non-steroidal anti-inflammatory drugs including aspirin. **Precautions:** Patients with a history of gastro-intestinal disease, severe hepatic, cardiac or renal insufficiency (including the elderly) should be monitored closely during treatment. Patients with a bleeding diathesis or other haematological abnormality. **Pregnancy and Lactation:** Co-administration with lithium, digoxin, methotrexate, oral-hypoglycaemic drugs, oral anticoagulants, potassium sparing diuretics, other non-steroidal anti-inflammatory drugs, cyclosporin. **Side-effects:**

Occasionally reported: nausea, vomiting, diarrhoea, epigastric pain, headache, dizziness, vertigo, rashes or skin eruptions. Rarely reported: gastro-intestinal bleeding, peptic ulceration, drowsiness, tiredness, urticaria, liver function disorders, oedema, hypersensitivity reactions. **Legal category:** POM. **Pack details:** Motifene 75mg capsules (PL 8265/0003), basic NHS price £14.99 per blister pack of 56 capsules. Full prescribing information is available on request from the Product Licence Holder: Panpharma Limited, Repton Place, Amersham, HP7 9LP.

found to be less likely to self-administer the drug.

### Treating misuse

As mentioned earlier, some doctors in the 1960s attempted to treat cocaine addiction with methylamphetamine. Since 1988, the three reports from the Advisory Council on Drug Misuse, and even the Government's guidelines for clinical management of drug dependency, have stated that there is no place for the prescribing of substitute stimulant drugs.

This seems unusual given that in certain areas of the country the main drug of abuse appears to be amphetamine and, while opiate addicts can receive a prescription for a substitute (methadone), there is no equivalent for amphetamine users.

In defiance of all accepted guidelines, several treatment agencies have instigated a policy of prescribing dexamphetamine to dependent users and this has met with considerable success.

One particular area where amphetamine prescribing has been successful is Portsmouth. An on-going prescribing scheme was established in 1989. Addicts are offered 30mg or 60mg of

dexamphetamine in tablet form and are initially assessed for suitability for inclusion into the scheme. Assessment involves providing evidence of recent injection sites and supervised urine samples must contain amphetamine.

Other stimulants, such as methylphenidate, have also been used with some success. Other approaches have involved the prescribing of antidepressants, such as fluoxetine and desipramine.

One of the potential problems with prescribing amphetamines is that there is no data on the long-term effects of the drug and, with the risk of developing psychosis, some people have argued that this approach is unethical. However, the results from on-going studies are encouraging and are successful in so far as they appear to attract many clients into treatment and have been shown to reduce their incidence of injecting and needle sharing.

There is clearly a need to give some form of medical intervention to help the problem amphetamine user. The results to date indicate that substitute stimulant prescribing can and does offer enormous benefits to

addicts. In addition, the prescription is best seen as the carrot that entices amphetamine users through the door of the treatment centre. If the potential of a prescription is enough to get people to come forward, then this in itself is a major step in reaching a group of problem drug users who, at present,

see little hope in seeking help at drug treatment agencies.

References are available on request.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning material until December 31, 1997.

### Crack cocaine

Crack cocaine is the freebase form of cocaine. Normally, cocaine exists as a hydrochloric acid salt. The freebase (cocaine form) can therefore be produced by heating with an alkaline agent, such as bicarbonate and water.

Crack first appeared in the UK in 1988 and law enforcement agencies were warned of an impending epidemic produced by this highly-addictive drug. This epidemic failed to materialise, although more worrying was the emergence of reports in 1990 that crack was being injected. This represented a potential problem since research had shown that cocaine injectors were more likely to share equipment and so risk infection with HIV and hepatitis. Crack is prepared for injection by mixing it with vitamin C to produce an acid salt which is water-soluble.

● Effects: although short-lived, normally lasting for about 15 minutes, crack produces an intense high and users will often use large amounts. In general, crack is heated in pipes (normally soft drinks cans or plastic bottles) until it vaporises and the fumes are inhaled. The effects of crack and cocaine are similar to amphetamines, characterised by feelings of wellbeing and euphoria. In laboratory experiments, addicts were unable to determine whether they were given cocaine or amphetamines.

● Presentation: cocaine costs around £100 per gram and the heavy users might sniff up to 2g a day. Crack costs around £25 for a wrap (or bag) which contains about quarter of a gram. Generally, the purity of cocaine is between 60 to 80 per cent.



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QUELLADA 

STAFFORD-MILLER

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# Specialist nutrition – an unfolding opportunity

**Patients with specialist nutritional requirements are increasingly being cared for in the community. Claire Kett, a pharmacologist and senior product manager for Scientific Hospital Supplies, looks at the growing potential for community pharmacists to become involved**

Until recently, community pharmacists' involvement with specialist nutrition was fairly diverse, covering mainly diabetic, gluten-free and low protein products. Their role was predominantly to dispense on demand. For most pharmacists, specialist nutrition was a highly-specialised and small part of their overall business.

This picture is changing as pharmacists are facing daily inquiries about a whole range of nutritional products with which they may have had little or no experience. They are now expected to take a more proactive approach to nutritional therapy as part of a broader treatment regime. This radical change has been prompted by patients moving more quickly from secondary to primary care.

Patients requiring enteral nutrition after an operation, who were once served by the hospital pharmacy, are continuing their rehabilitation at home, with their specialist nutritional requirements being met through their local community pharmacists.

These pharmacists are being asked about a variety of products, from nutritionally-complete feeds for the treatment of gastrointestinal diseases to supplementary formulas for a range of conditions due to inborn errors of metabolism. Products perhaps offering the most potential are the increasing number of carbohydrate energy sources for use in malabsorption states, such as cystic fibrosis, and catabolic conditions, such as HIV/AIDS and cancer.

There will obviously be an edu-



cation gap until community pharmacists catch up, as nutrition plays only a small part in their training. We are already being asked for advice on products that previously only hospital pharmacists would have contacted us about.

So what is the potential for pharmacists in this market? The main potential lies in dispensing enteral nutrition products, as parenteral nutrition (TPN) is still mostly administered in hospital. The total enteral market is worth about \$60 million a year in the UK, with about 60 per cent going through pharmacies. About 90 per cent of these products are dispensed on FP10, but some of the carbohydrate and protein supplements are sold OTC.

Michelle Johnson is a pharmacist who specialises in nutrition at the Vantage Pharmacy in

Nuneaton. As well as advising on enteral feeding, she has 60 customers with coeliac disease and a number of patients on CAPD. She says: "The whole area of enteral feeding is putting new pressures on pharmacists and creating a new opportunity. The transfer of prescribing from secondary care to primary care is having a direct effect on our business. Added to this, a large proportion of these prescriptions will be repeats. So it is in our interest to understand the range of products and services available in this area.

"Enteral feeds and supplements are now a top 20 item in GP prescribing budgets, so there is concern that they are used cost-effectively. Pharmacists can help by advising on the most appropriate use; for example, a high-carbohydrate supplement might be more suitable and palat-

able for a terminally ill patient than one which is high energy because of its high fat content."

The enteral market can be split into two broad categories: supplements and nutritionally-complete feeds. The three key therapeutic areas for community pharmacists are Crohn's disease, inborn errors of metabolism, and catabolic and malabsorption conditions.

Crohn's disease, a chronic inflammatory disease, affects 30-40,000 people in the UK and its incidence has doubled in the past 20-30 years. It can only be treated, not cured. Treatment has evolved from steroids to radical surgery to cut out the diseased part of the intestine. Dietary regimes are now receiving favour among the experts because they are non-invasive, without the side-effects of steroids.

Medical opinion believes that in some cases the condition is aggravated by food intolerances and, from time to time, the bowel needs a rest. Elemental dietary products, such as SHS's Elemental 028, can be absorbed easily by the inflamed intestine and are commonly prescribed for patients in the community.

For inborn errors of metabolism, it has been known for nearly 30 years that nutritional management is the key to treatment. The most well known of these conditions is phenylketonuria (PKU), a genetic disorder which shows up in a heel-prick test just after birth. If not detected, the inability to metabolise phenylalanine can lead to severe mental handicap.

The diet for PKU sufferers is extremely restrictive and difficult to follow, as it involves limiting, but not excluding, the amount of phenylalanine in the diet, leaving just enough for normal growth and development. The diet requires constant modification and patients rely heavily on expert advice from dietitians.

In recent years, the range of protein supplements and low-protein foods available on prescription has greatly increased and so, therefore, has the need for pharmacists to understand this diverse and complex area. For example, it is crucial for pharmacy staff to know the dif-

*Continued on P704*

◀ *Continued from P703*

ference between 'low-protein' and 'gluten-free' foods when dealing with PKU patients.

In recent years, the dietary management of malabsorption and catabolic conditions, in which patients struggle to gain or maintain their weight, has moved in favour of community pharmacists. The most well known of these conditions are HIV/AIDS and cystic fibrosis, in which patients have difficulty eating enough to prevent weight loss. One solution is to take high-energy supplements which can be added to their normal diet.

Sue Wolfe, a dietitian and chairman of the International Cystic Fibrosis Nutrition Group, says: "Achieving a normal growth rate and optimal nutritional status is of paramount importance to the survival of children and adults with cystic fibrosis. Unfortunately, patients often have poor appetites and therefore nutritional supplements play a crucial role, enabling us to achieve our aims. The support service offered by community pharmacists in supplying these products is essential for many patients."

### Advice line

SHS has developed a range of new products that are of benefit to people suffering from HIV/AIDS and cystic fibrosis. Our clinical advice line gives direct access to nutritionists who can advise on the complete portfolio.

Looking at just these few areas, the potential is already there for community pharmacists to be involved and, as the market grows, they will become key figures in ensuring patients receive the right products on a regular basis. It is up to pharmacists to exploit the opportunity by developing their knowledge of the products and services available, and to build a reputation as experts.

Says Ms Johnson: "The pharmacist is well placed to advise on diet and the impact of diet. They see patients in an informal environment compared with the GP surgery or hospital. Patients are therefore inclined to listen to the pharmacist. We can offer constructive advice and reinforce messages given by the GP and dietitian, and help the patient to comply."

Customers who receive a good service will stay loyal and will often recommend the pharmacist to a fellow sufferer. If customers know the pharmacist will liaise with the manufacturer for information, they will rely on the pharmacist to keep them up to date with changes and new products and generally to complement the dietitian's role. It's a relationship that can often last a lifetime.

Jenny Hewson, who works at Boots in Arnold, Nottingham, says: "I have developed somewhat of a reputation locally, having gradually built up a customer base of around 20 coeliac patients. I see it as my role to keep abreast of new developments in the gluten-free area and to pass this information on to my customers."

"I see myself as a professional adviser, someone my customers can approach when they have any problems concerning the products, the diet generally or their prescription. I can then reassure them, and offer to contact either the local dietitian or manufacturer on their behalf if I cannot solve the problem myself."

"I recently organised a special coeliac evening which attracted 30 guests who came to taste a range of gluten-free products and to talk to me about any problems they were having following their diets and with their prescriptions. This type of event helps reinforce relationships and builds further customer loyalty."

How can pharmacists develop their skills in this area? Ms Johnson says it is essential to be adequately trained so you feel competent talking to GPs and dietitians. "I am currently completing the CPPE module on clinical nutrition to build up my knowledge. Continuing education is likely to become mandatory, so if pharmacists want to take advantage of this opportunity, they must consider further training in nutrition very seriously indeed."

From the manufacturers' standpoint, we do all we can to encourage relationships between patient groups and pharmacists. Pharmacists are important to us in providing feedback about our products and services. They have the dialogue with the customer that is valuable for future product development. We can provide an easy route for community pharmacists to widen their knowledge base and give advice when needed. We want community pharmacists to realise their potential in this area, as it is an opportunity not to be missed.

### Further information

Scientific Hospital Supplies clinical nutrition advice line: 0151 228 1992.

National Association for Colitis and Crohn's, 98A London Road, St Albans, Hertfordshire AL1 1NX (tel: 01727 841296).

The National Society for Phenylketonuria, 7 Southfield Close, Willen, Milton Keynes MK15 9LL. Cystic Fibrosis Trust, Alexandra House, 5 Blyth Road, Bromley, Kent BR1 3RS (tel: 0181 464 7211).

The Coeliac Society, PO Box 220, High Wycombe, Buckinghamshire HP11 2HY.

# Eating treatment

Clinical trials have shown nutrition to be an important part of medical treatment, says Jayne Corbett, nutritional services manager at Ross Products Division, Abbott Laboratories.

It can improve the clinical outcome and the patient's general condition, reduce the rate of post-operative complications and deaths, improve immunocompetence and reduce the risk of pressure sores while encouraging better healing of existing sores. A recent study found that 10 per cent of community cancer patients and 8 per cent of community patients with chronic disorders were malnourished.

Although there are cost pressures on NHS budgets, Ross Products argues that a reduced spend on nutritional products in the community could lead to increased costs in other areas. For example, if wounds take longer to heal, more dressings are required.

For most patients, sip feeds are the simplest way of achieving adequate nutritional intake. Enteral tube feeding is required for those who are unable to take enough by mouth but who have a functioning gut. This is usually started in hospital, then patients are discharged into the community once their feeding regimens have been established.

Patients with short-term needs are often fed through a nasogastric tube, while those requiring longer-term feeding may have a PEG (percutaneous endoscopic gastrostomy) tube fitted.

Most tube feeds have Advisory Committee on Borderline Substances approval for prescription on FP10. Giving sets, which are not reimbursable, are often bought for patients by the community trust, although this varies according to local budgeting arrangements.

Standard feeds typically provide 1kcal/ml and offer complete balanced nutrition. Long-term feeds also contain fibre to help regulate bowel function. High-energy feeds typically provide 1.5kcal/ml and offer higher protein levels for patients with greater nutritional requirements or volume restrictions.

Ms Corbett says few patients buy enteral feeds and supplements over the counter, possibly because they want guidance from the GP or dietitian about the amounts needed. The cost of over the counter purchase can also be prohibitive.

However, pharmacists can still have an input to both patients and doctors – for example, on the



Supplementing energy

different products available. Supplements may be milk-based, fruit-flavoured, semi-solid or with fibre. With tube feeds pharmacists might give advice on energy value, low-residue, fibre-containing and peptide feeds.

A nutritional helpline is available for information on Ross products and services. Specialist feeds include products for critically ill patients, those with compromised respiratory function, those with HIV/AIDS and those on renal dialysis. Enteral feeding pumps are available for home use.

The company arranges regional training courses for pharmacists and can provide leaflets for pharmacy information and to give to patients.

● Fresenius has introduced Provide Xtra, a non-milk, high-protein supplement in seven flavours which is suitable for adults and children. It has the same milk-free base as Provide, with extra calories, vitamins, minerals and protein.

Frebin is a new 1kcal/ml nutritionally-complete paediatric feed suitable for one to six-year-olds.

● Scientific Hospital Supplies recently introduced Scandishake, an energy supplement for use in catabolic conditions such as AIDS. Available in three flavours, it is taken like a milkshake, and is NHS prescribable.

Two new flavours – orange and pineapple, and summer fruits – have been added to the liquid Elemental 028 range.

A new guide to low-protein foods is planned and there will be further promotional support for Juvela Low Protein and Loprofin later this year.

# Gluten-free for Christmas

Although most gluten-free foods are issued on prescription, Christmas is a good time to offer some luxury items over the counter

People with coeliac disease regard the pharmacist as a key source of information. Once they are diagnosed and established on their diet by the dietitian, the pharmacist is the healthcare professional they see most often, says Garry Reason, business manager, Nutricia Dietary Products.

"The typical patient presents the pharmacist with a prescription on a monthly basis, so contact is regular and the opportunity for advice and support is significant," he says. "Key information would be details of new products, improvements to existing products, general information concerning the breadth of products available and what to ask their GPs if they want to change their prescription."

Coeliac disease affects one in 1,200 people in the UK. A paper



Mince pies: a seasonal treat for coeliacs

published by Corrazza and Casabarrini (Clinical Gastro-enterology 1995;9:329-350) suggests that the incidence may be as high as one in 300 of the adult European population.

The gluten-free market is worth about \$13 million, with bread accounting for nearly half the sales. The rest of the market is made up of flour mixes (27 per cent), biscuits (18 per cent),

pasta (4 per cent) and other foods such as pizza bases.

The market is growing at 8 per cent a year, as the number of patients increases. The Coeliac Society reported an additional 3,000 members last year on a total membership of 28,000.

Pasta is the fastest-growing sector, reflecting the increasing use of pasta in the regular food market. Growth has been 30 per cent year on year.

Flour mixes and biscuits are particularly popular in the run-up to Christmas when people are traditionally more adventurous with their cooking. "Sales typically increase by 20-30 per cent in November and December because of this," he says.

About 90 per cent of gluten-free foods are issued on prescription, with the rest of the market going to luxury products such as puddings and biscuits. Given this limited market, OTC products do not have a sufficiently high rate of sale to justify significant shop front space in most pharmacies. However, says Mr Reason, some pharmacies with a large number of coeliac customers have built up a high level of service. Market tests, in which large shop front displays were set up in these key outlets, did not result in any significant growth in OTC sales, and he believes this shows the balance between prescription and OTC is unlikely to change.

## What is available?

Nutricia Dietary Products runs regular training evenings for pharmacists, explaining the coeliac condition, the product range and company services. A helpline for patients and pharmacists operates on 01225 711801.

The company recently re-



Glutafin – lighter texture for a slice of the coeliac market



Trufree offers gluten-free flour and advice for all

## Lemsip's 12 Weeks of Christmas – Week 7

It's the seventh week of the Lemsip 12 Weeks of Christmas campaign. This week, two pharmacists will have the chance to win personalised pharmacy stationery.

With consumer complaints of colds and flu on the increase, Lemsip, the top-selling hot drinks remedy for colds and flu, is the perfect choice. The range is designed in various strengths and formats, ensuring plenty of choice.

To win your own personal stationery set, simply answer the following:

Q How many products are there in the Lemsip range?

a) 3      b) 9      c) 12



This winter choose from Lemsip products which can provide fast, effective relief of cold symptoms.

● Lemsip Original and Blackcurrant, or Lemsip Menthol Extra, with added menthol vapours, all containing paracetamol and decongestant (paracetamol Ph.Eur and phenylephrine HCl BP – GSL).

● Lemsip Lemcaps (paracetamol Ph.Eur and phenylephrine HCl BP and caffeine – GSL) a lemon-shaped capsule – for cold relief on the move.

● Lemsip Max Strength (paracetamol Ph.Eur and phenylephrine HCl BP – GSL) contains the maximum ingredients allowed for self-selection.

● Lemsip Flu Strength Pseudoephedrine Formula (paracetamol Ph.Eur and pseudoephedrine HCl – P) for more severe symptoms of cold and flu.

● Lemsip Power+ (ibuprofen Ph.Eur and pseudoephedrine HCl BP – P) proven to work within 30 minutes.

Send your answer on a postcard to: Lemsip/Chemist & Druggist Competition, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW by December 7.

See you next week. Watch this space!

Lemsip Original (GSL), Lemsip Blackcurrant (GSL), Lemsip Menthol Extra (GSL), Lemsip Lemcaps (GSL), Lemsip Max Strength (GSL), Lemsip Flu Strength (P) and Lemsip Power+ (P) are manufactured by Reckitt & Colman Products at Danson Lane, Hull HU8 7DS from whom further information is available on request. Lemsip is a trademark.

### Rules

- The competition is open to pharmacists only. Only one entry per person written on a postcard will be accepted.
- The competition is not open to employees of Reckitt & Colman, Miller Freeman or their agencies or relatives.
- Entries received after December 7, 1996, will not be eligible.
- The first correct entry drawn at random after the closing date will be awarded the prize as stated.
- The judges' decision is final and no correspondence will be entered into.
- Reckitt & Colman reserves the right to use any submissions for future publicity.
- No cash alternative will be offered.
- Entries will be drawn after two weeks – any late entries will not be eligible.

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◀ *Continued from P705*

launched four Glutafin flour mixes. The new Glutafin fibre loaf, with a lighter, softer texture, was a natural successor to Glutafin white bread launched last year.

All Rite-diet non-prescribable biscuits have been repackaged under the Glutafin brand name to make product choice easier for consumers. A relaunched OTC variety pack of biscuits is being introduced in time for the Christmas period to complement the Rite-diet mince pies, rich fruit cake and Christmas pudding. The pudding is milk-free, as well as gluten- and wheat-free.

The company provides cards for pharmacists to give to newly-diagnosed patients, offering a starter pack of samples, a newsletter and details of services.

● General Dietary recently launched two Ener-G gluten-free breads that are also free from yeast: Ener-G rice loaf and Ener-G brown rice and maize bread. Many people suffering from dietary disorders want to eliminate yeast from their diet, says director David Green. Both breads are totally free from wheat, rye, barley, oats, de-glutenised wheat starch, milk and eggs. The rice loaf is also free of maize and soya. Ener-G breads are sweetened with pear juice, not sugar, and the oils used are low in saturated fats. There is a consumer helpline on 0181 336 2323.

● Trufree sales are showing a year on year rise of 140 per cent, according to Neil Wright, sales and marketing manager, Larkhall Green Farm. The company offers an information service for pharmacists, doctors and the general public, with nutritionists on hand to give advice. The Trufree Hand Book, Trufree Bread Booklet, diet charts, leaflets and posters are available free on 0181 874 1130.

The range of seven flours is made in a dedicated manufacturing unit from maize, rice, soya and potato flour, which are naturally free from gluten and wheat.

● Scientific Hospital Supplies has a seasonal range under the banner 'Juvela Christmas fare', which includes gluten-free mince pies, crispbread and savoury biscuits. The company has been organising events across the country for pharmacists and their coeliac customers to update them on the latest medical advances. The last one will be on November 28 in Southampton. Details from the Juvela advice line on 0151 228 1992.

● Allergycare, which previously concentrated on the health food trade, recently moved into pharmacies with its range for people with food sensitivities, including gluten-free products and cows' milk alternatives.

# 'Cultivate a pharmacist'

## The Coeliac Society advises its members to cultivate good relationships with one pharmacist

Consultant dietitian Rae Ward says: "We recommend they try to use the same pharmacy instead of swapping around. In that way, the pharmacist can keep products in stock – or know when to re-order them – so patients don't have to wait."

To pharmacists, she says: "Gluten-free foods take up a lot of shelf space, but it's enormously helpful if you carry a variety of prescribable items. If you can help coeliac patients to enjoy these products, it encourages them to comply with their diet."

One emphatic word of warning is – never suggest that someone tries a gluten-free diet if they suspect they are gluten-sensitive.

"If they put themselves on a diet, it will make diagnosis much more difficult," she warns.

When a gluten-sensitive person eats gluten, the gut mucosa becomes inflamed and the villi are flattened. Once gluten is removed from the diet, the villi regenerate into finger-like projections, which show up as normal on the jejunal biopsy. Diagnosis will be delayed if the patient then has to go back on a gluten-containing diet before a biopsy can be carried out.

In children, this regeneration can take as little as two to three months. In adults, the time varies

according to how long the person has suffered and how severe the condition has been; in some, the villi never return to normal.

The Coeliac Society recommends that members use prescribable foods as far as possible. Ms Ward thinks some non-prescribable lines are overpriced and not as palatable as they might be, so she recommends that people with the time bake their own cakes using flour obtained on the NIS. Instead of buying non-prescribable luxury biscuits, they could try melting chocolate over plain prescribable ones.

However, she does acknowledge that the technological developments over the past few years have resulted in some gluten-free items, such as breads, being as good as their ordinary counterparts.

"One problem today is that

we're no longer a 'meat and two veg' nation. We eat a lot of pizza, pasta and instant meals. Processed foods are a minefield for coeliacs because most of them contain wheat flour," she says. "In addition, a lot of young people don't know how to cook. Although we might be much more aware of the content of foods than we were, say, 25 years ago, our ability to produce a nutritional meal might well be less."

The Society sends members regularly updated information on the gluten content of branded foods, as well as details of foods which are naturally gluten-free, such as corn and rice flours. As gluten-free flours differ, the Society recommends that coeliacs follow manufacturers' own recipes, because differing amounts of liquid and eggs must be added when cooking.



The Coeliac Society sends members information on gluten content

# Diabetics unlimited

People with diabetes no longer have to stick to rigid diets. Like the rest of the population, they are encouraged to eat a low-fat, high-fibre diet covering a wide range of ordinary foods. No single food is forbidden, not even sugar – although foods and drinks with sugar as their main ingredient should be avoided as they can make blood glucose levels rise too quickly.

Ordinary cakes and biscuits can form part of the diet, although they must be used with care because of their high fat and sugar content. Whether or not a sugar-containing product is suitable depends on the amount consumed, what other foods it is eaten with, the time since taking

medication or the previous meal, and how active the person is.

Starchy foods, such as bread, cereals, pasta and potatoes, should form the basis of all meals, using wholegrain varieties where possible to boost fibre intake. High-fibre foods help to slow the rise in blood sugar which occurs after a meal. The British Diabetic Association recommends eating regular meals each containing similar amounts of starchy foods to help keep blood glucose levels close to the normal range.

## Cut fat

Another recommendation is to cut down on fat by grilling or baking foods rather than deep frying, and using low-fat versions

of dairy products. Monosaturated and polyunsaturated oils are preferable to saturated fats.

As with anyone else trying to eat healthily, fruit and vegetables form an important part of the diet. At least five helpings of fruit, vegetables (excluding potatoes) or salad a day are recommended. Fruits, such as grapes, are quite sweet so should not be eaten in large amounts.

Alcohol lowers blood glucose levels so can precipitate hypoglycaemia in people taking insulin or hypoglycaemic drugs. It is better to drink with meals and not on an empty stomach. Sweet wines and sherries are best avoided and mixer drinks should be low-calorie or sugar-free.

Bulk sweeteners, such as fruc-

tose and sorbitol, are no longer recommended as sweeteners as they have a laxative effect and can contribute to a rise in blood glucose. The BDA recommends artificial sweeteners, which are calorie-free, for sweetening drinks, cereals, puddings and sauces. For baking, reduced amounts of ordinary sugar are acceptable.

## No longer special

Special diabetic foods had their heyday in the 1960s, when people with diabetes were advised to follow low-carbohydrate, sucrose-free diets.

The availability of sugar-free diabetic foods made life less bleak when ordinary sweets, cakes, biscuits and preserves were forbidden.

But by the 1980s, the BDA's policy had changed. Scientific studies had shown that restricting carbohydrates did not help diabetic control and the high fat content of such diets increased the risk of heart disease.

The national guidelines were changed so that fat restriction and energy regulation became the main objectives, with consumption of fibre-rich carbohydrates generally encouraged.

Diabetic foods then came under scrutiny. Many contained more fat and energy than their conventional counterparts. New food regulations in 1984 stipulated that products carrying a 'diabetic' claim were no longer allowed to contain more fat and energy than comparable foods, and any product without a 50 per cent reduction in energy content had to carry the warning 'not suitable for the overweight'.

A decade later, the vast range of reduced-sugar products available for the general public means that there is no need for many of

the items traditionally marketed as diabetic foods.

The BDA also believes the continuing existence of special diabetic foods creates problems. A leaflet explaining why the BDA cannot recommend these products says: "Labelling a product 'diabetic' gives it a stamp of approval which many people with diabetes and well-meaning relatives find hard to ignore. People assume that the contents must in some way be good for them. Some even believe 'diabetic foods' to be an essential part of the diet. Since diabetic foods tend to cost more than conventional or even sugar-free/reduced-sugar counterparts, this can impose an unnecessary financial strain."

The leaflet goes on to explain that fructose can increase blood glucose in people whose diabetes is poorly controlled, and may aggravate existing hypertriglyceridaemia. The BDA finds it anomalous that products containing sorbitol or fructose are marketed as being 'suitable for diabetics' when many other equally or more suitable reduced-fat or low-calorie products are not.

## Wider targets

While special diabetic foods may have fallen out of favour with the BDA, manufacturers point out that people with diabetes still enjoy confectionery as much as anyone else. And, with a growing number of people trying to cut down on sugar intake for health reasons, they can aim their products at a wider audience.

In December, Ernest Jackson is relaunching Special Recipe chocolate as a luxury product suitable for those who wish to control their sugar intake, including diabetics. There are five sucrose-free varieties – milk, plain, milk and nuts, praline-filled and mint-filled (£1.33 bar).

Special Recipe sugar free fruit-flavoured gums contain fewer than two calories per gum and are virtually fat-free (45g sachet, £0.79). Each sachet contains strawberry, blackcurrant, orange and lemon flavours.

Dennis Hybs, managing director of Stute Foods, says a large proportion of people buying Stute diabetic preserves are not diabetics at all. The preserves contain no added sugar and have 15 per cent fewer calories than ordinary jam.

The range has recently been extended with the introduction of Stute Diet reduced-sugar jams and marmalades, suitable for both diabetics and slimmers. Made with fruit sugar only, without added sucrose or glucose, they provide only ten calories per level teaspoon.



Fruit gums for limited sugar intake



## TRAXAM TOP TIPS FOR MANAGING SOFT TISSUE INJURIES IN PHARMACY

### NUMBER 7 ELDERLY PATIENTS

*As people grow older, they often become less flexible and stiff-jointed, as a natural result of years of wear and tear on muscles and joints.*

*The best advice for elderly people who still are active and mobile is to encourage a daily routine that makes gentle but regular use of the larger muscle groups.*

The golden rule – even more important in older citizens – is to take any exercise gently and carefully. Overdoing it will not only result in very stiff and painful muscles and joints, but could also put unnecessary strain on the heart and circulation.

#### Do's and don'ts to help older people avoid soft tissue injury

The following advice will help older people to avoid minor injuries to muscle and joint tissues, while maintaining a healthy approach to activity and exercise.

1. Exercise should **never** hurt
2. Never exercise if you feel unwell
3. See your GP for a check up before you start any exercise

#### Managing soft tissue injuries in the elderly

The consequence of overdoing it – too much gardening, or too strenuous play with grandchildren, will most commonly be strained muscles, in the back, or in



**R** = Rest the affected joint

**I** = **Ice** – apply an ice pack to the affected area

**C** = **Compression** – using a firm but not tight elastic bandage

**E** = **Elevation** – keep the affected joint raised

For full advice on back pain and muscle strains, see Traxam Top Tips Nos 2 (Back Pain) and 5 (Strains).

**Step 2 – Offer topical treatment that manages pain and reduces inflammation, like new Traxam Pain Relief Gel**

Traxam Pain Relief Gel is an ideal recommendation for most consumers with sprain injuries, providing powerful, penetrating anti-inflammatory action to the ligaments beneath the surface of the skin.

Traxam Pain Relief Gel is a cosmetically pleasant, clear gel with no smell, no burn, and no greasy residue.

**Just pure pain relief.**



**PRODUCT INFORMATION:** Presentation: Clear, non-greasy, non-staining gel containing 30mg felbinac in each gram. **Uses:** A topical anti-inflammatory and analgesic for the relief of symptoms associated with soft tissue injury such as sprains, strains and contusions. **Dosage:** Rub 1g TRAXAM Pain Relief Gel (approximately 1 inch (2.5cm) of gel) into the affected area 2 to 4 times a day. Do not use for longer than 7 days. The total dose should not exceed 25g per day regardless of the number of affected areas. **Elderly:** No special dosage recommendations are made for elderly patients. **Children:** Not recommended for use in children under 12 years of age. Hands should be washed following application of TRAXAM Pain Relief Gel unless they are in the treatment site. **Contraindications:** Hypersensitivity to the ingredients. TRAXAM Pain Relief Gel should not be given to patients in whom attacks of asthma, urticaria and acute rhinitis are precipitated by Aspirin or other non-steroidal anti-inflammatory drugs. **Precautions and special warnings:** Use of TRAXAM Pain Relief Gel should be limited to intact and non-diseased skin. Contact with mucous membranes and the eyes should be avoided. TRAXAM Pain Relief Gel should not be applied with occlusive dressings or simultaneously to the same site as other topical preparations. Safe use of felbinac in early childhood has not been established. **Side effects:** Overall incidence of side effects with felbinac is low. Local effects such as mild local erythema, irritation, dermatitis, pruritus and paraesthesia, which recover spontaneously on cessation of treatment, are the most common reactions. **Pharmaceutical precautions:** Store below 25 °C. **Legal category:** P **Package quantities:** 30g tubes **Product licence number:** PL/0095/0119 **Price:** £3.99 RSP (£3.40 ex VAT) **Name and address of licence holder:** Cyanamid of Great Britain Ltd, Cyanamid House, Fareham Road, Hampshire PO13 0AS. **Distributor:** Whitehall Laboratories Limited, Berkshire, SL6 0PH

\* Trade Mark  
Whitehall Laboratories Limited, Huntercombe Lane South, Taplow, Maidenhead, Berkshire, SL6 0PH.



# D-Day for pharmacy

**Noel Baumber**

**FRPharmS, secretary of Lincolnshire Local Pharmaceutical Committee, predicts that contractors will run out of capital before 2003, if present trends continue**

**I**n community pharmacy, we need to build a bridge to a future in which all contractors can unite to try to keep acute and repeat dispensing services together in a patient-oriented system.

We need to overcome the technical hurdles – and find investment partners who can achieve this. But public limited companies only know how to pursue market share for their own advantage.

It may seem paradoxical to suggest that people should join together for competitive advantage, but we have seen the power of amalgamation work. Inevitably, the scales of investment in time, resources and competencies needed to cope with the size of future opportunities, go beyond the scope and ability of the individual contractor.

## The end in sight?

Having presented the experience of a typical contractor at the Lincolnshire Local Pharmaceutical Committee Conference, my conclusion is that it is almost too late for most contractors, because that amalgamation has not been pursued aggressively.

Take a typical case study: a rural pharmacy that has been modernised. The pharmacist is very much the ideal professional. The gross profit margin on NHS dispensing in the business follows a slightly slower rate of decline than is seen nationally, moving from around 21 per cent down to near 16 per cent this year (see Figure 1).

The overheads of the business are well controlled, showing a gradual upward trend (only 1 per cent in nine years). As with most businesses run by self-employed people, those overheads do not include the proprietor's salary, which is effectively a withdrawal from capital.

Nor is there an amount charged to rent because the pharmacy is freehold. These are



the two most significant elements of any business funded by the gap between the lines.

Extend these trends into the future and we find that the break-even point year for this group IV pharmacy is 2003 when the lines cross over.

To get an idea of what this means for the rest of us, it is helpful to look at who dispenses the prescriptions to consider why that situation is developing.

The nearest we get to a level playing field is that all contractors above 1,600 items per month attract the same professional allowance (£1,340 per month) and the same dispensing fee per prescription. This means, however, that the more prescriptions you dispense, the less meaningful the professional allowance becomes. The margin per item varies (for an average cost prescription last year) between £1.22 and £1.79 across the groups.

This emphasises the importance of the professional allowance for margins in groups I to III. It shows the importance of maintaining a high dispensing fee in groups IV to VI, and the temptation for bureaucrats to flatten the curve in search of cost savings by reducing the professional allowance.

Contractors' problems usually arise from receiving averaged payments when the reality is quite different. They are poorly

protected from the damaging effects of a high-cost prescriber or the doctor who prescribes six months' medication in one go to cut out dispensing fees.

The problem is that the theoretical remuneration seems to match the annual cost of a theoretical median pharmacy. As Peter Holman said at the last LPC Representatives Conference: "Most of what is regarded as remuneration is actually reimbursement of cost." The shortfall in reimbursement not only requires capital funding but wipes out the contractor's income and the ability to create capital through profit.

Since 1988, the reduction in margin has collapsed the income of those pharmacies unable to increase their prescription volume. What would have been a £60,000 gross margin has become £40,000. The proprietor's or manager's salary has gone unless an extra 15,000 prescriptions can be found – a volume increase of 50 per cent.

## Lobby needed!

Our group IV contractor's member of parliament made two significant comments: "How did things get into this state? Your parl-

liamentary lobby is completely ineffective."

Secondly, he said that "the multiples will survive whatever happens. Independents need a lobby to prove that there should

be a future for independents".

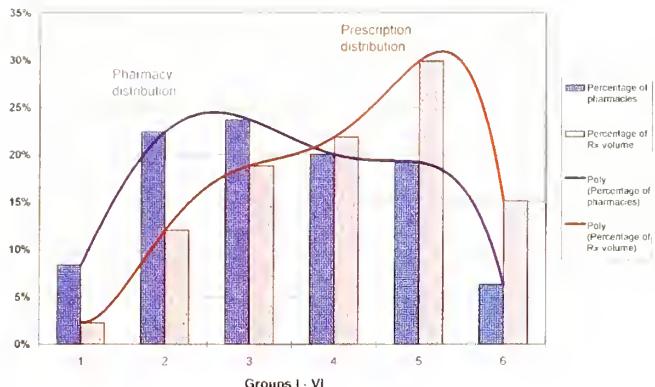
My fear is that he may be right, but the profession faces disunity in discriminating between two camps.

It may come as a surprise to find that around 45 per cent of prescriptions are dispensed by 25 per cent of pharmacies, which are those in groups V and VI. The Government will regard those as efficient. Even our group IV contractor can lay claim to doing more than the average share of prescriptions. Groups I, II, and III represent 54 per cent of pharmacies and dispense 33 per cent of the prescriptions.

The danger is that the professional allowance, which was arbitrarily established, can arbitrarily vanish or be whittled away as a penalty in negotiation. Figure 2 shows the amount of underfunding that will result for most community pharmacies if all payments follow prescription volume.

The only way to counteract this is for the Professional

## Who dispenses the prescriptions, and for how long?



Allowance to become more principled in what it represents and for what it pays.

The danger for the group V and VI contractors (who support a high dispensing fee and a lower service-orientated professional allowance) is that they become the target of the mail order specialists who would like to siphon off repeat prescriptions electronically from the surgery.

Economic efficiency, a high degree of industry, motivated caring and innovation are present across all the groups. The current contract seeks value for money but does not reward effectiveness, and we should all have grounds for concern.

What we should encourage is a contract that underpins the professional allowance and the contribution we make to medicine and community care. I take issue with those who are reported in the 'Pharmacy in a New Age' document as wanting to simplify form-filling to recover NHS costs. Our current plight is partly due to our neglect to price a detailed contract, failure to collect data, to research the trends and disseminate managerial information.

It makes sense to have achievable objectives and to encourage the proper management of all parts of the pharmacy business.

Peter Drucker says: "Responsibility for contribution, rather than rank or title, or command over people, defines the man-

ager, and integrity rather than genius is the basic requirement."<sup>11</sup>

'Competing for the Future' demands that we have to manage change within the pharmacy and within the profession.

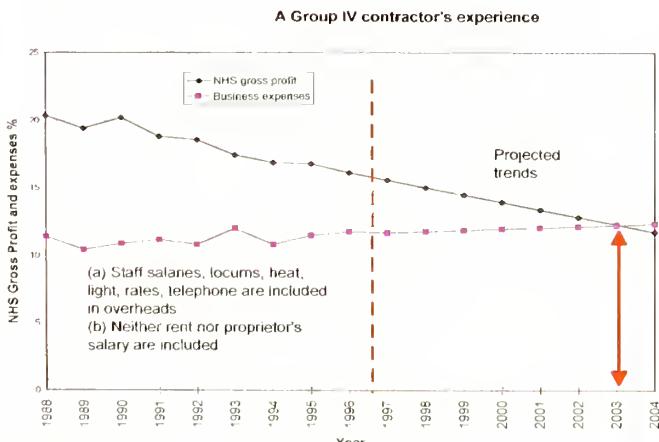
It specifically demands time, new resources, new strategies, new objectives, new links and new institutions. It is a race to the future to accumulate competencies, to attract coalition partners, to agree standards and shape the emergence of a better service with our assets intact.

Competition demands that we become responsive to change, but the present contract just makes us seem inflexible. What needs to be attacked is the thrust and form of the contract, and not the contractors who are essential to the regeneration process.

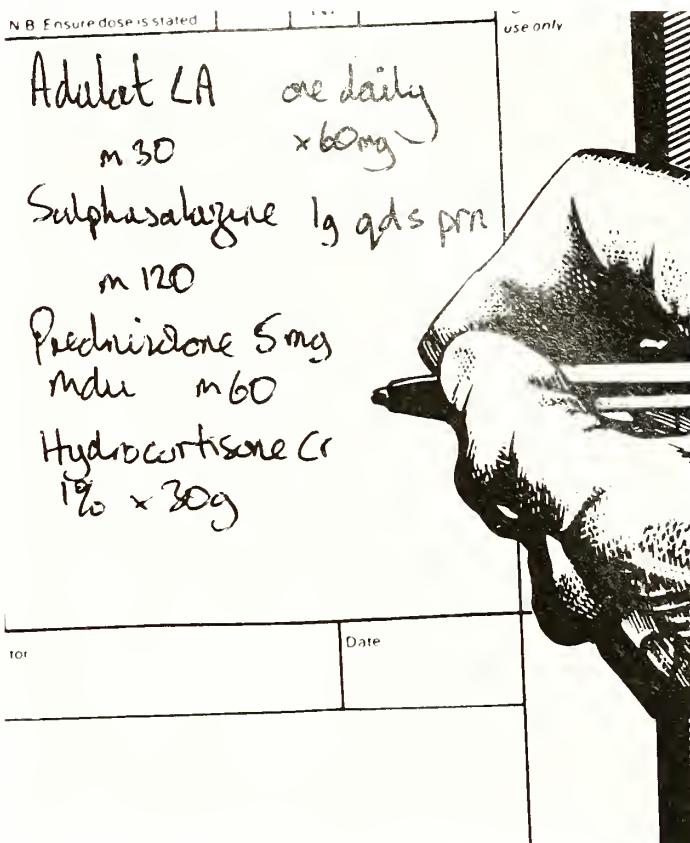
The slowness of contractors and the profession to react, plan and consider coherent alternatives has perhaps been seen as a hindrance rather than a channel for delivering a confident future.

Among Tony Blair's 'Ten vows' made at the Labour Party Conference was one to reduce the expenditure on NHS bureaucracy and place the emphasis on caring. If he wins the next general election, he has very little time left in which to save the most useful and cost-effective part of that caring service.

I.P.F. Drucker 'Management - tasks, responsibilities, practices' (Butterworth Heinemann).



A man has been discussing his medication with a neighbour, who says he's heard that the Americans say Adalat causes heart attacks and doctors over there won't prescribe it any more. Why has the GP given it to him, then? He's been fiddling around with the dose long enough and can't get his blood pressure right - does he know what he's doing?



#### 1 What risk is he referring to?

#### 2 What might explain the GP's difficulty in adjusting the dose?

#### 3 What alternatives might be considered?

#### 4 Why might you ask further about the need for the steroid cream?

### Answers

1 Several studies in the US have associated short-acting formulations of nifedipine with a dose-dependent increased risk of myocardial infarction (MI) compared with beta-blockers or diuretics in patients with angina, hypertension or previous MI. The evidence requires confirmation and does not appear to apply to long-acting formulations like Adalat LA. Some specialists have advised, however, that nifedipine and other dihydropyridine calcium antagonists should be avoided in patients with previous MI.

2 The sulphasalazine and prednisolone suggest he has inflammatory bowel disease and the Adalat LA formulation is not

appropriate in such cases. The GP's difficulty in adjusting the dose may be due to erratic absorption of nifedipine associated with exacerbations.

3 Assuming he has no history of MI and dihydropyridines are appropriate, alternatives include conventional formulations of once-daily agents (amlodipine, felodipine, lacidipine) or modified-release nifedipine. The properties of the non-dihydropyridine calcium antagonists verapamil and diltiazem are more different from those of nifedipine (eg they are more cardiodepressive). If there is a reason why a beta-blocker or diuretic has not been prescribed, an ACE inhibitor might be appropriate instead (subject to other possible contraindications).

4 Rash is a relatively common adverse effect of sulphasalazine; check whether the use of hydrocortisone coincides with exacerbations of bowel disease and consider whether alternative treatment may be needed. Mesalazine or olsalazine may be better tolerated (though rash may also occur with these agents).

Partnership in healthcare is the way forward. This theme was supported by all the speakers at a one-day conference held at the NEC, Birmingham, last Thursday, organised by the PSNC and the RPSGB

# Labour lays claim to be rural ally

Pharmacists in dispensing doctor areas may have an ally in the new Shadow minister for public health, Labour member of parliament Kevin Barron.

"My sympathies lie with the local pharmacists," he said, describing the "war of attrition" between dispensing doctors and rural pharmacists as "an incredible eye-opener".

Mr Barron was speaking at a one-day conference organised by the Pharmaceutical Services Negotiating Committee, Royal Pharmaceutical Society and the Pharmaceutical Advisers Group at the NEC, Birmingham, last Thursday. He was giving his first speech on a subject connected with pharmacies since being given community pharmacy as part of his front-bench brief two months ago. He also has responsibility for Labour's pharmaceutical industry brief.

He told delegates of his experience in visiting a site where a dispensing doctor was complaining that a pharmacy was affecting his viability. "If anything, the threat was on the other boot – the reason the pharmacy wasn't growing was because of the doctor dispensing," he said.

The Shadow minister began his speech by saying that he had only had the community pharmacy brief for a few weeks. "I am happy to admit that I am still learning about pharmacy, and community pharmacy in particular. I hope that we can build a healthy dialogue," he said.

"I want to see greater emphasis put on the role that pharmacists can play in the community and I

would be especially interested to hear how you think Government can do that," he said.

Hospital doctors should be made more aware, "because promoting an expanded and wider-ranging role for community pharmacists in the future will mean working much more closely with these professionals".

Although the Primary Care Bill is still to be published, Mr Barron thought that if it followed the same lines as the recent White Paper, then "there is much to be welcomed". However, he gave the proviso that it had to be "constructive in its application".

In particular, he was concerned that commercial interests would be able to employ GPs within the NHS, and that smaller pharmacies may be at a disadvantage in the proposed bidding processes for contracts.

He hoped that the Bill would put remuneration on the agenda over the next few months. He did not think that money should only be paid for prescribing and dispensing drugs, saying of this means of remuneration: "It is fundamentally opposed to clinical effectiveness."

There was unfairness in the prescription levy, but Mr Barron said there were no plans at present to change the system. He would prefer an approach in which the effectiveness of prescribing was taken into account.

While welcoming the chance to re-examine Resale Price Maintenance in the Restrictive Practices Court, Mr Barron was "concerned about the effect that uncertainty about RPM may now have on community pharmacy". There was the potential for serious public health consequences, he said.

"It is vitally important that the primary sector gets logged quickly into information technology. We should be using IT now for the benefit of the patient," he said.

He acknowledged that there were reservations about data encryption within the NHS-Net, but said: "There is no reason that we can't use that information to revolutionise the way we treat patients."

# Patient packs to progress soon?

Frances Charlesworth, director of international and commercial affairs at the Association of the British Pharmaceutical Industry, hoped that this would be the last time she would have to explain the delays in the patient pack issue.

She believed that by the end of next month several issues impeding progress would be resolved for a fresh approach early next year.

The EU directive which set out the need for patient packs meant that they had to be fully implemented by January 1, 1999.

There had been delays because the Department of Health wanted the introduction of patient packs to be cost-neutral. However, the DoH had been faced with problems of residual stock in pharmacies.

Fitting pack sizes to prescribing patterns was another factor, but Ms Charlesworth warned:



The ABPI's Frances Charlesworth

"We should not derail ourselves with the 28- or 30-tablet pack issue. The real issues are that we have an opportunity to provide medicines in a new form with patient information leaflets. We have made great progress in trying to rationalise patient packs."

# Partnership leads the way

Dr Peter Rivers, research fellow in the department of pharmacy at Derby University, thought that "in order to integrate, we must communicate and collaborate".

In particular, he said, it was the patient or their carer with whom the relationship should be built.

But to do this, pharmacists should question how the patients perceive them and their role. "Clinical advice provided by pharmacists [for patients] often, unfortunately, only consists of repeating or enlarging upon the drug regimen, and advising on side-effects."

A Canadian study found that when patients were asked whether they wanted advice about a product they had purchased, most did not. "Is it that patients do not require advice, or that they do not seek it because they are not aware what benefits could be available to them?" he asked.

## Joint commissioning

"Joint commissioning between health and social services is available and will provide small amounts of money for individual schemes to help individual patients or groups of patients in a locality," said Dr Rivers.

"But don't be misled into think-



Dr Peter Rivers

ing that this route will resolve the remuneration for community pharmacists. Money directly from social services or from jointly-funded budgets will always be limited and awarded in a competitive environment.

"Commissioners usually have to decide whether money should be used to provide pharmaceutical support or some other type of health or social service in an area.

"Pharmaceutical care tends to fall in between health and social care – those responsible for community care budgets are likely to have to justify spending money on a service that has traditionally been labelled as one of the health services."



Kevin Barron MP

## CMT offering data on OTC buying habits

Details of nationwide OTC buying habits are available in a new information system produced by Computerised Marketing Technologies.

The system, called Mediscan, is based on 250,000 consumers' answers to the National Shoppers Survey. These are then weighted to reflect all UK households and nationwide purchasing patterns.

CMT says the information will allow companies to assess how their brands are performing from national to postal sector level, by pharmacy, retail chain or sales territory. Companies could then target regions where their products have the greatest potential.

Mediscan can also incorporate client information or third-party data, such as the stocking figures of individual pharmacies.

For more information contact CMT on 0181 213 5555.

## Roche upgrades

**Roche Consumer Health is installing a new sales and order processing system from mid-December to January 6. During the start-up period, Roche will be unable to accept orders as it will have to close down its order processing system. It advises pharmacists to place orders – for delivery between December 17 and January 6 – by December 16.**

## Excellent cosmetic sales

**Sales of cosmetics were excellent last month, while those of toiletries were good, according to the British Retail Consortium. While medicine sales grew slightly, it adds, they were hit by the relatively warm weather.**

## Barclays extends ...

**Barclays Bank has this week extended from 12 to 18 months its free banking for new businesses.**

## Colocare Christmas cards

**Colocare is introducing a Photo Greetings service for the peak Christmas and New Year periods. By using digital technology, a customer's favourite 4 x 6in photo comes with a personal message and a choice of six seasonal borders to form a greetings card (£4.99 for five prints).**

## Gift-wrapped

**The Garden Pharmacy, based in Covent Garden, London, is offering to gift-wrap and send a variety of goods around the UK. These include designer fragrances, vitamins and skin care brands.**

# Boots unfazed by new force

Boots is confident it can beat off the challenge that the successful bidder for Lloyds Chemists would bring.

Unichem's Moss chain has about 120 outlets, while Gehe's AAH has about 300. Either would overtake Boots as the UK's largest pharmacy group if its bid succeeds.

But Lord Blyth, Boots' deputy chairman and chief executive, says the new retailing force would not change matters. "Lloyds has been out there as a pretty serious competitor for some time. It's unlikely that the retail dynamic of the situation will change," he says.

That did not mean Boots was complacent. "Boots has contingency plans to deal with the winning bidder of Lloyds. But it's not costing us sleepless nights."

Lord Blyth adds that Unichem could have trouble meeting its goals. "Unichem says it plans to sell about 100 Lloyds' stores. That will be a lot more difficult to do than it is to say. And it will not change the competitive situation."

Lord Blyth's comments came as Boots unveiled a 9.4 per cent rise in pre-tax profits to £239.2 million, before exceptional, for the six months to September 30. Its turnover grew 12.2 per cent to £2,120.1 billion.

Boots the Chemists' profits grew 12 per cent to £18.1m on a turnover that rose 6.3 per cent to £1,539.2m. Counter sales were up over 5 per cent and dispensing sales nearly 10 per cent.

Boots says BTC's overall performance was held back by relatively low sales of sun-related goods, due to the poor summer.



Boots' deputy chair James Blyth

However, the company says new own-brands, such as analgesics, smoking cessation, vitamins and contraception, fuelled an 8 per cent hike in healthcare sales.

Beauty and personal care sales grew 7 per cent due to "excellent sales increases" from counter cosmetics, skin care and fragrance. Boots' cosmetics range, No7, continued its progress with sales up nearly 17 per cent.

Lord Blyth says the company is delighted with customers' response to Persona. "In recent weeks, it's been the single best-selling item in Boots' stores and we're delighted to have exclusive representation of it. If you want a definition of success – that's it."

Like other employers, however, Boots is under pressure to recruit pharmacists from a dwindling pool. Steve Russell, BTC's managing director, admits the company is under pressure to motivate and manage its staff. "We just have to keep managing

more skilfully and to use our pharmacy staff to better effect," he says. "They do too much administration work, so we want them to spend more time on the healthcare side, like giving advice to consumers."

Sir Michael Angus, Boots' chairman, emphasises its commitment to retaining Resale Price Maintenance. "We believe that RPM should remain in force because consumer interests are best served by retaining the service to local communities currently provided by pharmacists."

But Boots remains "well placed" to withstand the impact if the Government abolished RPM. "In the event of competitive price-cutting, following a decision to end RPM, only a small proportion of BTC sales would be affected," he says.

Meanwhile, Sir Michael welcomes the Primary Care Bill, saying Boots had been talking to the Government "for many months" about its contents. "We're grateful about the new depth of understanding revealed in the White Paper. We see clear evidence that the pharmacist has a clear role in the community. We see an expansion of self-medication – that is something BTC has been working on. We find the whole situation pretty encouraging."

Boots Healthcare International's sales grew 11 per cent to £110.7m and it made a profit of £1m, down £1.1m on its profit over the same period last year. Boots says it spent about £35m on product launches, including Strepsils Throat Spray, product development and marketing support.



**Janssen-Cilag, a Belgium-based subsidiary of Johnson & Johnson, beat off 12 international entrants to win the first-ever International Prix Galien award for Risperdal, its treatment for schizophrenia. Each entrant had won the National Prix Galien in one of nine European countries, plus Canada, and included Glaxo Wellcome's Lamictal, an anti-epileptic drug that was the UK winner. (L-r) Gerald Malone, health minister, presents the International Prix Galien 1996 to Dr Staf Van Reet, president of the Janssen Research Foundation**

## 48-hour directive

Prime minister John Major has vowed to try to overturn a ruling by the European Court that an EU working time directive should apply to Britain.

The directive states that employees should not be forced to work more than 48 hours a week, although they can do so by mutual consent with employers.

Workers should also have at least three weeks' annual holiday, rising to four weeks in 1999. Workers should also have at least one rest day per week and a minimum rest period of 11 hours per day.

The ruling applies to all workers in the public and private sectors from November 23, but the Government says it needs time to discuss the ruling with industry before introducing laws to implement the directive in the private sector.

# Drug firms to sub-contract

Major pharmaceutical companies are looking into contracting out their supply operations.

The companies are discussing their options with EPS, a logistics specialist, whose clients range from telecommunication to aerospace companies.

Peter Ashton, its chief executive, says the 'leading players' believe the time is right for change. Many are having to review their costs because of the increasingly competitive market.

"The only question remaining is who among the big players will make the first move and steal a march on the competition," says Mr Ashton.

By contracting out their logistics operations, he says, the companies could save money, and

they would be free to concentrate on their core activities.

EPS, which is based in Banbury, would supervise the companies' inventories and ensure the stocks were supplied to the end users, whether they were pharmacies or wholesalers.

"At the moment, anyone wanting to contract out these elements will find their options somewhat limited, because many contractors believe that dealing in time- and temperature-sensitive or fragile products is too complex a business for a standard logistics operation," says Mr Ashton.

EPS, he says, has studied the pharmacy industry and believes it can meet its logistics needs.

Major pharmaceutical whole-

salers, he adds, have clearly recognised the opportunity because they have introduced pre-wholesaling. This is "really a third-party logistics operation, run by a wholesaler".

But he warns that pre-wholesaling is a 'half-way house' that could place the wholesaler in a difficult position. "The wholesaler could be distributing products that conflict with other products it supplies," he says.

EPS could run the companies' operations from one of its four UK sites, which provide about 1 million sq ft of warehousing.

Alternatively, the biggest companies could still run their operations from their own premises.

The cost of EPS's service would depend on each company's needs.

## Gehe tackles Unichem over Lloyds offer

Gehe has sought to cast doubt on Unichem's ability to deliver the earnings enhancement it has promised should it win the bid for the Lloyds Chemists group.

Unichem must state clearly the assumptions behind the claimed earnings enhancement, says Gehe in its response to Unichem's offer.

Taking account of Lloyds' average borrowings, pro forma debt of a combined group could be over \$300 million. If the cost of the debt were to increase by 1 per cent, pre-tax profits would fall by \$3m a year, says Gehe.

The German-based wholesaler group also claims that the acquisition could take Unichem's gearing to almost 490 per cent, if Lloyds' average, rather than year end debt level, is taken into account.

Gehe also attacks Unichem's claims about its ability to integrate the Lloyds operation with its own.

Unichem has taken 334 pharmacies into the Moss chain since 1991, but this cannot be compared with the complexity of integrating over 900 stores, says Gehe.

## COMPANY IN FOCUS

### The Laughton Group

● **Lady Jayne, Manicare and Bebelle.** Aren't they singers in a group? I don't think so. They're hair, manicure and baby care products that will be featured by Laughton & Sons next February at the Birmingham Spring Fair.

● **Laughton & Sons?** Its origins date back to 1860 when a pin manufacturer merged with a Birmingham-based merchant.

The company was bought out in 1928 by G A Laughton, and what was effectively known as Jarrett, Rainsford and Laughton became Laughton & Sons, and, in 1990, the Laughton Group.

● **What does the company produce?** Lady Jayne hair care products, including Kirbigrips, hairpins, rollers, brushes and combs; Lady Jayne fashion hair accessories; Manicare nail care and cosmetic accessories; Solo bathroom and travel accessories; and Bebelle baby care products.

The first Lady Jayne product

was a slumber helmet. Worn by ladies during the war, it is still as popular today as it was then!

● **How much business is sold through the pharmacy trade?** Trade through pharmacy accounts for the majority of Laughton & Sons' business.

● **How well do Lady Jayne, Manicare and Bebelle sell in pharmacies?** Lady Jayne and Manicare are the leading names in pharmacies, while Bebelle is a recent addition to the trade, and now holds a 'substantial' market share.

● **Is the Laughton Group only interested in the UK market?** Definitely not. Laughton & Sons exports to over 80 countries worldwide. It has offices in Hong Kong, plus group subsidiary companies in Australia and New Zealand.

● **Staff?** Usually the company has about 450 employees, but during seasonal periods, when it is exceptionally busy, it could take on further personnel.

● **Future plans?** Laughton & Sons plans to expand its brands further into Europe.

**Most of Laughton & Sons' business is through pharmacies, with Lady Jane and Manicare the leading names**



## COMING EVENTS

### MONDAY, NOVEMBER 18

**Glamorgan Branch, RPSGB**  
Rhondda Heritage Park Hotel, Trehaftod, Pontypridd, 7.30 for 8.00pm. 'Changing face of pharmacy'.

### TUESDAY, NOVEMBER 19

**Leicestershire Branch, RPSGB**  
Clinical Education Centre, Leicester Royal Infirmary, 7.00 for 8.00pm. 'Preventing heart attacks - the challenge to Leicestershire pharmacists'.

### Metropolitan Branch, RPSGB

Wanstead Library, Spratt Hall Road, Wanstead, London E11, 7.30 for 8.00pm. 'The work of Basics'.

### Wirral Branch, RPSGB

PG Med Centre, Clatterbridge Hospital, Wirral. 'Coronary heart disease in diabetes' by Ian Jones, and sponsored by Ciba.

### THURSDAY, NOVEMBER 21

### Bedfordshire Branch, RPSGB

Cedar Room of the Conference Centre, Silsoe College, Bedfordshire, 8.00pm. 'Voluntary Services Overseas - how pharmacy fits in'.

### Fife Branch, RPSGB

Joint meeting with Dundee and Eastern Branch, Lomond Hills Hotel, Freuchie, 8.00pm. 'Current pharmaceutical issues' by Andrew Burr, Council member.

### ADVANCE INFORMATION

The **National Asthma Campaign** is holding a series of meetings, the first one on **November 19** in Manchester. For further information, send a first class SAE to: Conference administrator, National Asthma Campaign, Providence House, Providence Place, London N1 0NT.

**Primary Care Support Force** is holding a Conference - 'London's health care: from vision to reality' - on **November 19**, at the Cafe Royal, London. Details from Karen Headlam, tel: 0171 725 2770. The early registration date for the 2nd annual congress of the **European Association of Hospital Pharmacists**, to be held in Porto, Portugal, from **March 13-15, 1997**, is **November 20**. Contact EAHP Congress Secretariat on +31 343 452 941.

The **British Association of Pharmaceutical Physicians** is holding a workshop on 'Marketing works, but how?' on **November 21-22**, at The Swan Hotel, Streatley on Thames, Berkshire. Further details from Elizabeth Borg, tel: 0171 491 8610.

The **European Society of Regulatory Affairs** is holding its 20th International Meeting on **November 22**, at the Marlborough Hotel, London. 'Successful drug registration - interacting with the EMEA'. Details from Sue Stevens, ESRA, tel: 0171 515 7673.

The **Essex LPC Conference** on 'New Age, New Horizons, New Funding' will be held on **November 24**, at The Heybridge Hotel Roman Road, Ingleside, Essex (John Stanley, tel: 01279 508587).

# classified

## APPOINTMENTS



### Director of International Sales and Marketing

• circa £60k

Our client is a highly successful generic Pharmaceutical Company developing, manufacturing and distributing its products worldwide. With current sales revenue of £40 million the Company has a business plan to double international sales within 5 years. To achieve this objective the Company is strengthening its Senior Management Team by appointing a Director of International Sales and Marketing.

This is a new and exciting opportunity for an experienced international sales and marketing professional to join their team as Head of Department.

Reporting to the Managing Director the successful applicant will be responsible for motivating a young dynamic sales and marketing team to achieve the Company's strategic objectives in relation to profit margin, turnover, growth and new product/new business development.

Ideally a graduate in a life science with at least 5 years' experience at senior level in a generic pharmaceutical company operating in international markets, you must be an achiever and a strong team player, with the drive, determination and ambition

ambition to make a significant contribution to the Company. First class interpersonal skills and the ability to influence at all levels are essential. The position will require significant international travel.

This is a key role in the Company's Senior Management Team requiring a high calibre individual, so to attract the right person the Company offers a substantial reward package including performance related pay, pension scheme, private health care, life assurance, a quality Company car and a relocation package if necessary.

If you believe you have the necessary ability, experience and motivation for this exciting, challenging and rewarding role please send your CV to:

**Carole Sherrington, KPMG Selection and Search, 1-2 Dorset Rise, London EC4Y 8AE.**

Please indicate any Company to which you would not want your CV forwarded.

Closing date for receipt of CVs is Monday 9 December 1996.

### KPMG Selection & Search

#### SE22

Dispensing Assistant Required part-time to work Mon, Wed & Fri evenings between 5 or 5.30 pm - 7.30pm

Phone 0181 693 3652  
Mr Shah

#### Dublin Ireland

Pharmacists required to join Roy McCabe Pharmacy Group (6 branches).

Excellent supporting staff.

Contact Carol Wright.  
Tel: (00353) 1 8642165/6

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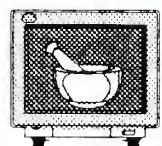
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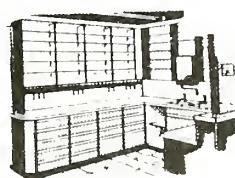


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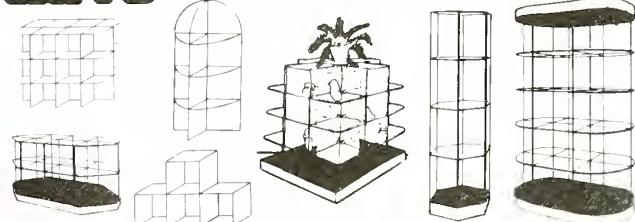


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## French connection for Romsey pharmacist

Jeff Holloway, owner of the Vantage pharmacy in Romsey, Kent, has cycled more than 130 miles from Le Havre to Paris to help raise £2,500 for cancer care.

He joined 14 members of his local Rotary Club to cycle the distance in under 12 hours.

A French Rotary Club, Vierzon Rives du Cher, which is twinned with Romsey's, greeted the team with champagne at the Arc de Triomphe in Paris.

A gendarme reprimanded the group for drinking in public and asked them to move their estate car, containing an ice- and champagne-filled paddling pool, off the pavement.

Fortunately, a Vierzon member



defused the situation. The gendarme was invited to partake, but declined as she was on duty.

The winner of the competition to guess the length of time it would take for the group to cycle from Le Havre to the Arc will be going to Euro Disney in France.

The funds raised went to the cancer support group Jane Scarth House, Romsey.

The otherwise happy event was marred by the news of the death from cancer of one of the Romsey Rotarians on the same evening the group reached Paris.

### APPOINTMENTS

**Yazukazu Saito** is taking over as managing director of Konica UK. **Kevin Day** will become director/general manager. Princess Marcella Borghese has made **Teresa Townsend** its worldwide company president. **Denis Mellstrom**, AAH's operations director retires this week. He will be replaced by **Mark James**, the company's finance director. **Martin Drummond**, who currently works in Germany, will be appointed finance director. **Lewis Jones** has been appointed senior marketing manager of LRC Products. **Alan Backhouse** has joined Ostomed, the Preston-based surgical wholesaler, as general manager.

**Bradford pharmacist Raj Mistry of the Permedic pharmacy** is the northern winner of a national Cow & Gate window display competition. Mr Mistry plans to use his prize, £2,000 of holiday vouchers, to fly to Florida. Cow & Gate selected the winners from photographs sent in from nearly 900 pharmacies. Almost 500 pharmacy assistants each won £10 of M&S vouchers for their work in improving shop displays



### OBITUARY

**Ian Chilton**, national accounts executive, Potters (Herbal Supplies), suddenly on November 3, aged 53.

Ian worked with Potter's for three years and made a substantial contribution to the company's sales success. He will be greatly missed by both colleagues and customers.

"Ian was very well liked within the company and the news was a great shock to us all," says Potter's managing director, Tony Hampson. "We are a family firm and, like any family, we mourn the loss of one of our own. Our heartfelt condolences naturally go out to his widow, Pat, and his two daughters."

### PSNI prize-giving

Una Diamond was the star of the Pharmaceutical Society of Northern Ireland's qualification and registration prize-giving evening this year.

She won six awards, including the final year medal for merit.

Certificates of registration and

qualification were presented to the following pharmacists: Kieron Allsop, Mary Blaney, Teresa Carville, Sharon Coyle, Brigid Devlin, Carmel Diamond, Jasmina Djokic, Carmel Downey, Ian Dunn, Damian Gormley, Michael Green, Ian Groves, Brian Hamilton, Helen Ilastie, Eva Johnston, Michael Keenan, Ver-

## Jepson retires from Aston

Dr Michael Jepson, the retiring head of pharmacy practice research at Aston University, was seen off in style by friends and colleagues at a recent retirement party.

Among those present to mark his retirement from full-time academia were a bevy of professors – John Rees from Bath, Malcolm Stevens from Nottingham and Ian Jones from Portsmouth – along with Dr Terry Nolan (Liverpool), Dr Richard O'Neill (London) and past Royal Pharmaceutical Society president Anne Lewis.

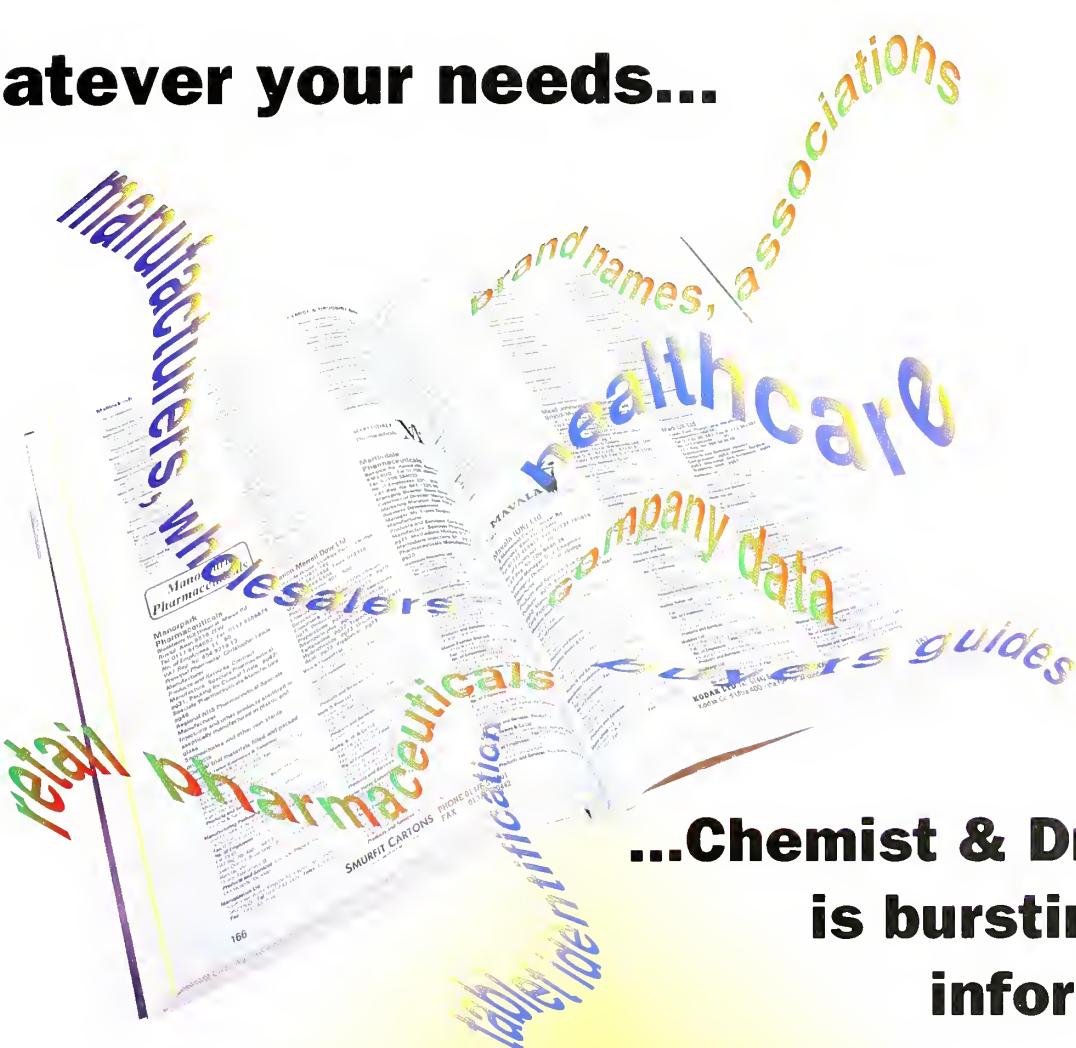
Dr Jepson stressed that pharmacy had a rewarding and exciting future. "We must insist on taking responsibility for the comprehensive management of medicines and prepare for a properly-recognised prescribing role within the next decade," he said.

"Patient registration with a pharmacy of the patient's choice could prove vital in this respect. To help achieve these goals the four-year course is a tremendous opportunity."

anne Lynch, Judith Marshall, Gillian McDevitte, Julie McGale, Anita McKenna, Martin McVeigh, Helen Millar, Ellen Miller, Shane O'Neill, Tiana O'Neill, Teresa O'Rourke, Jayne Reid, Stephanie Scullion, Dermot Smyth, Joanne Smyth, Julie Twinem, Michael Walsh, Lynn White, Anita Wilson and Daniel Young.

| Winners   | Qualification                                   | Prize                     | Donor                    |
|---|---|---------------------------|--------------------------|
| Una Diamond   | Merit in final year                             | medal                     | PSNI                     |
| Una Diamond   | Distinction, level 3 studies                    | £75                       | PSNI                     |
| Adelyn Hanny  | Dist level 3 studies – gp 1 subjects            | £75                       | PSNI                     |
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| Adelyn Hanny  | Dist prof and management studies, gp 4 subjects | £75                       | Sangers (NI)             |
| Mark Henry  | Dist final yr project                           | copy of <i>Martindale</i> | Hoehst Marion Roussel    |
| Una Diamond/Marie Doherty   | Dist final yr project                           | £100                      | Pfizer                   |
| Una Diamond   | Dist pharmacy practice level 2 and level 3      | book prize                | Astra                    |
| Anne Fox  | Dist pharmacy practice level 2                  | £100                      | Boots                    |
| Maureen Conlon  | Dist formulation/dispensing level 2             | £50 + <i>Martindale</i>   | Zeneca Pharma            |
| Nevin Mullan  | Dist pharmaceutical modules level 2             | £50                       | Johnson & Johnson MSD    |
| Gordon McIvor   | Dist principles of drug action modules 1 and 2  | book prize                | School of Pharmacy       |
| Nevin Mullan  | Dist pharmaceuticals level 2                    | £50                       | Smith & Nephew           |
| Maureen Conlon  | Dist medicinal substances modules 1 and 2       | £100                      | Galen                    |
| Thomas Donaghy, Frances Higgins, Conor Long, Gordon McIvor, Gavin D'Kane, Boon Hong Soh, Kon Khen Meng, Heather McClean | Group project, level 2                          | £120                      | School of Pharmacy Prize |
|   | Dist level 1 studies                            | £100                      | Ives P/ceuticals         |
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**Quantities:** 24 lozenges in a carton. **Legal category:** P. **RSP:** £2.15 P. 01270028. **Product Licence Holder & Manufacturer:** Crookes Healthcare Ltd, Ellington, HU2 3AA. Prepared September 1996.

**Presentation:** Prolonged spray containing Lidocaine Hydrochloride, Ph. Eur. measured at 0.05% w/v. **Also contains:** Perfumed water, alcohol solution, Flavouring (lemon and peppermint essence), Sodium citrate, sucrose, methyl cinnamate and th. (22). **Indications:** Sore throat relief of severe sore throat. **Dosage & Administration:** Adult and children over 12 years: Aim nozzle at back of throat and spray three times, this is one dose. Repeat every three hours as required. No more than 20 doses in any 24 hour period.

**Contra-contraindications:** If you are allergic to any of the ingredients listed, do not use this product. Patients suffering from a throat or ear boil (impetigo). Do not recommend for children under 12 years. Do not inhale whilst spraying and avoid contact with the eyes.

**Precautions:** If symptoms persist or new symptoms arise (fever, headache, nausea and vomiting), talk to your pharmacist or doctor. If pregnant or breast feeding, or taking any other medication, consult your doctor before using the product. **Side effects:** May occasionally cause allergic reactions. Patients may experience numbness of the tongue and therefore care may need to be taken in eating and drinking hot food. **Packaging:** Quantities 20ml bottle. **Legal category:** P. **RSP:** £3.95 P. 03270028. **Product Licence Holder & Manufacturer:** Crookes Healthcare Ltd, Ellington, HU2 3AA. Strepsils is a trademark. Prepared September 1996.

For immediate sore throat relief delivered right to the point of the pain, offer your customers New Strepsils Direct Action Spray. Or, for effective anaesthetic action in a lozenge, there's Strepsils Dual Action, supported by extensive TV advertising.

With the trusted Strepsils name now with anaesthetic, both products make an effective recommendation.

A CHEMIST & DRUGGIST

FANCY ASSISTANTS

OVER THE COUNTER

OT

NOVEMBER 1996



Christmas cheer: indigestion's here • Supplementary benefits for who? • Cold comfort on the way

# Not so wee any more



*The easy peasy pregnancy test*

## Twenty five years

on, Predictor continues to grow the pregnancy test market – a market it created. Through constant innovation it has progressed both technology and customer convenience.

## Predictor's promotional spend

also continues to drive the sector, growing pharmacy sales year on year, as well as the market. And as the only pregnancy test to consistently advertise on TV, Predictor's commitment to the market is total.

## Easily the best

in terms of its profit potential, Predictor is now a cornerstone pharmacy brand in the prime of its life – a role it was born to play.



Chefaro is the OTC Healthcare business unit of Akzo Nobel. In serving over 25 countries worldwide, Chefaro are the marketing and distribution experts in self-medication and diagnostics.

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SUPPLEMENT TO

# CHEMIST & DRUGGIST

November 23, 1996

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# Christmas

WHICH ONE DO I USE?



## Breath control

Jeremy Clitheroe gives us an insight into asthma – the disease, its management and the role of pharmacy staff

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## Winter warning

Christmas is coming and so are colds and flu. Follow Zita Thornton's advice and be prepared

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## As night follows day...

Create an after-hours sensation with the help of Anne Mullee

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## Seasonal rumbles and grumbles

Overindulgence in food and drink makes Christmas a peak period for indigestion. Mary Allen examines the problem and offers solutions

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## Who benefits?

Certain individuals are more likely to benefit from vitamins and supplements, as Sarah Purcell explains

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# OTC

OVER THE COUNTER

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## Less is more

Charles Gladwin takes us through the principles and history of homoeopathy

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Front cover collage created by Tony Lamb



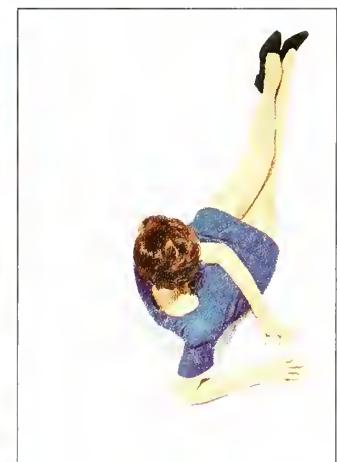
Picture courtesy of No7 Positive Action Day & Night Eye Care



Picture courtesy of No7 Metal Morphosis Autumn 1996 Colour Collection



Picture courtesy of Plum Passion by Collection 2000



Picture courtesy of Pretty Polly Legacy Sheer Tights

# NEWS

## Fancy a cuppa?

Drinking tea regularly could reduce your risk of stroke and heart disease, according to a new report on tea and health, commissioned by The Tea Council. One study suggests that drinking five cups of tea a day could cut the risk of having a stroke by as much as 70 per cent.

Although the evidence for the health benefits of tea drinking is still incomplete, according to Vincent Marks, Dean of Medicine at the University of Surrey, it is rapidly building up – in contrast to other foods and drinks, where the reverse is occurring.

The anti-oxidant properties of flavonoids in the tea are thought to be largely responsible for the beneficial effects of tea.

And, as the contributors to the report point out, tea is a virtually calorie- and fat-free natural drink which provides more than 15 per cent of our daily requirement of calcium and 10 per cent of folic acid as well as 45 per cent of our manganese requirement.

So who's for another cuppa?



## OFT bid to end RPM

News on the pharmaceutical front has been dominated by the decision of the Office of Fair Trading to try to overturn Resale Price Maintenance on over the counter medicines.

The implications for independent pharmacies in particular are very gloomy. The Community Pharmacists Action Group, set up to defend RPM, commissioned an independent report which calculated that up to 3000 local pharmacies could close if RPM is abolished.

In 1970, the Restrictive Practices Court approved RPM on medicines agreeing it was in the best interests of the consumer. As a result of the OFT decision, the issue is now being referred back to the Courts who will decide whether it should continue. A final decision is not expected until early 1998, that is if the court decides to go ahead with the review.

The OFT argues that there have been 'material changes' since 1970. For example, a higher proportion of chemist's turnover is now from

prescriptions (70 per cent compared with 50 per cent). However, the margins on NHS prescriptions have fallen and pharmacies are trying to develop other areas such as OTC medicines and professional services.

Abolishing RPM would allow price cutting and is likely to favour the larger chains with their greater purchasing power. This was not a view shared by John Bridgeman, director general of the OFT, who came to the conclusion that, "competent and efficient pharmacies will be able to adapt to the removal of RPM and may be able to increase their margins on some products by putting additional competitive pressure on manufacturers and suppliers". He stated that the GPAG had "exaggerated the numbers of pharmacies at risk and this has caused unnecessary alarm".

However, the GPAG stresses that the fight goes on and the board of the National Pharmaceutical Association has pledged its support for the cause. Colette McCreedy of the NPA says: "This is not the end of the war. We still have a good chance of winning".

## Assistant training in NI

A reminder from the Pharmaceutical Society of Northern Ireland that all medicines counter staff must have completed or be enrolled on, an accredited training course by January 1, 1997.

The Society has, subject to formal confirmation, appointed the College of Pharmacy Practice the accrediting body for counter assistant courses. Although pharmacists in Northern Ireland were advised of this requirement in a newsletter earlier this year, the type of course was not specified. The position of experienced assistants has yet to be clarified.

This development brings Northern Ireland in line with Great Britain and supports the requirement that all pharmacies must have had OTC protocols in place since January.

## Vegetable Chilli



With the cold winter evenings drawing in, why not warm yourself up with this tasty vegetable chilli from the Fresh Fruit & Vegetable Information Bureau

### Ingredients

15ml/1tbsp vegetable oil  
1-2 garlic cloves, crushed  
1 onion, sliced  
10ml/2tsp chilli powder  
350g/12oz aubergines, rinsed, sliced and halved  
350g/12oz courgettes, sliced diagonally  
397g/14oz can chopped tomatoes  
Salt & pepper  
175g/6oz button mushrooms, trimmed  
1 chilli, de-seeded and sliced (optional)  
397g/14oz can kidney beans

### To garnish:

45ml/3tbsp freshly chopped parsley  
25g/1oz cheshire cheese, grated

### Method:

Heat oil in a large heavy-based pan, add garlic and sliced onion, and then cook gently for 3-4 minutes until slightly softened.

Add chilli powder and cook for one minute, then add aubergine and cook to soften for 2-3 minutes. Add courgettes, tomatoes and 300ml (half a pint) of water. Season generously.

Simmer gently for 15 minutes, then add mushrooms and sliced chilli (if using). Cook for 10 minutes until vegetables are just tender.

Add kidney beans, stir to mix thoroughly and simmer for 10 minutes. Do not over cook or the kidney beans will break up.

Place in a serving dish and sprinkle over parsley and cheese.



It has been a difficult few months for independent pharmacies. First, the Office of Fair Trading decided to refer the Resale Price Maintenance issue back to the courts in an attempt to overturn it.

Director general of the OFT John Bridgeman rejected a report saying 3000 local pharmacies could close if RPM was abolished. He believes pharmacies will 'adapt' and may be able to increase margins by putting pressure on manufacturers and suppliers. Back in the real world, we are only too aware of the amount of pressure independents can exert compared with the purchasing power of large multiples such as Asda or Boots.

A second blow, which clearly illustrates the commercial clout of the multiples, is Unipath's decision to exclusively market the Persona contraceptive device through Boots the Chemists (see news page 5 and Showcase page 32). Unipath tried to justify this by saying that Boots could provide a "high degree of support". Such an excuse is an insult to independent pharmacists and assistants who have invested time and money in training and further education, and who are more than capable of providing the back-up service for this product.

On a more cheerful note Christmas is just around the corner. Check out our feature on page 18 for hot tips on how to change your look from working day to party time.

Have a great Christmas and New Year. Your first OTC of 1997 should be with you on January 25.

**Maria Murray**  
Supplement Co-ordinator

# Light up your life for Christmas

Bring a warm glow to Christmas celebrations, courtesy of Zantac 75. To celebrate the launch of its fiendish new image with exciting and innovative TV advertising this Christmas, Zantac 75 is offering one of these luxury, jewel-encrusted candles, worth £10 each to 20 OTC readers.

Almost half of us are destined to experience the fiery symptoms of heartburn and indigestion this Christmas as we give in to the seasonal temptations of over-eating, drinking and burning the candle at both ends. So if you're planning to indulge in Xmas excesses, be prepared – keep a pack of Zantac 75 handy.



By taking a single Zantac 75, you can extinguish the flames of indigestion and heartburn, by preventing further production of excess stomach acid. You can be indigestion-free for breakfast, lunch and Christmas dinner – even if you indulge in the occasional seasonal sin.

If you would like one of these festive candles, simply send your name and address on a postcard to: OTC/Zantac 75 Candle Offer, Munro & Forster Communications, 37 Soho Square, London W1V 5DG before December

**FREEBIE**

21. The first 20 names out of the bag after this date will be the lucky winners.

You must be 18 or over to enter. Zantac 75 contains ranitidine – always read the label.



## Unipath favour Boots for Persona launch

Much controversy surrounded the launch of Persona, a new contraceptive device (see Showcase page 32), following the decision by Unipath to restrict availability to Boots for the first 12 months.

Unipath said it struck the exclusive distribution deal with Boots because Boots could provide the "high degree of support and commitment that the products needs".

The National Pharmaceutical Association said it was "dismayed" that Unipath has denied 10,000 pharmacies the opportunity to distribute its product by choosing to do an exclusive deal with Boots. It added that many people will be asking for information about the new product and it is unrealistic to expect pharmacists to direct them to a competitor.

Unichem has responded by delisting all Unipath products, including Clear Blue pregnancy tests. It says it will reconsider stocking Unipath products, if and when it gets the chance to sell Persona.

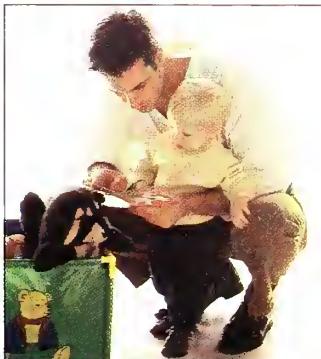
Some independent pharmacists have also taken the decision to stop recommending or selling other Unipath brands such as Clear Blue. Harry Ganz of the Garden Pharmacy explained that "nearly all pregnancy tests are sold on a pharmacist's recommendation, and there are several brands on the market".

To add insult to injury Boots says "in recent weeks Persona has been the single best-selling item in Boots stores and we're delighted to have exclusive representation of it".



Congratulations go out to pharmacy assistant Emma Fisher of Falconers Chemists in St Albans, who was the winner of the recent Aller-eze product knowledge competition, run by Intercare Products. Emma is seen here receiving her prize of a Sony Mini HiFi by Intercare southern regional executive, Nick Owles. Intercare were delighted with the response to the competition, particularly as the number of correct entries reached an all-time high of over 7,000.

## Women take over in career stakes



British men are becoming the 'stay at home' sex while women take over in the career stakes, according to new research from Barclays.

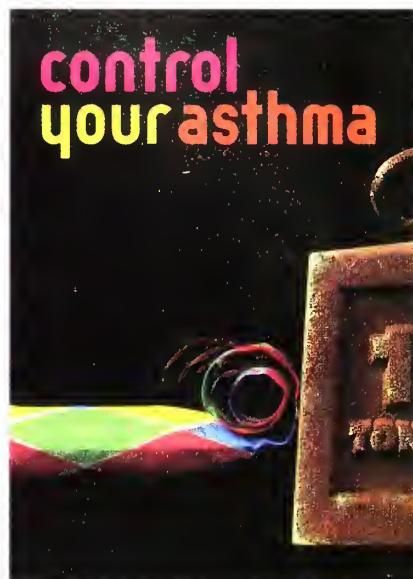
Research carried out among small business owners by Barclays shows that nearly six out of ten men (59 per cent) say that they would be happy to stay at home enabling their partner to be the main breadwinner, compared with only 47 per cent of women.

In fact, it is during the

important career-building years between the ages of 35 and 44 that men are most likely to agree to giving up their jobs (64 per cent). In contrast, women in the same age group, many of whom are likely to have family commitments, are the least willing to give up their own business (only four in ten said yes).

The research also showed that, for women, running a business is a way of asserting their independence and becoming self-reliant. Two thirds (66 per cent) say that they value their independence too much to give up work, compared to just over a third of men.

## Control cards



The new personal 'Control Your Asthma' card, jointly launched by the Department of Health and the National Asthma Campaign, ensures that every asthma patient receives the essential information they need to manage their asthma and spot signs that it might be worsening.

All doctors in England, Scotland and Northern Ireland can obtain the pocket-sized card to give to their asthmatic patients. The card will be completed by a patient's GP or nurse as part of their regular asthma check-up and this personal information can then be updated as and when needed.

## Colic helpline

A recent Gallup survey revealed that over a third of parents didn't know that infant colic was like trapped wind and not surprisingly many parents dealing with colic for the first time may feel worried and desperate.

As a result Pharmax, the maker of Infacol, is launching a Colic helpline and an information leaflet. Concerned parents can call the helpline on 0181 994 9874 between 2pm and 10pm (calls charged at normal BT rates) and speak to an experienced nurse.

## Stressed out?



Christmas shopping carries a huge stress factor - crowded streets, queues at tills, and public transport, reflected in the results of a recent Gallup survey which revealed that over a third of people dread the thoughts of battling through all this in search of the perfect present.

The survey commissioned by Nurofen also found, not surprisingly, that work features high on the stress list especially for those aged between 16 and 34, where it seems that major projects at work result in stress for two in five people questioned. This reflects a report published by the British Safety Council, which states that stress loses British industry 90 million working days every year and costs at least £5 billion in stress-related absenteeism and ill health.

Although men and women were found to suffer the same amount of stress, over a fifth of men dismiss women's stress as pre-menstrual syndrome. Around a third of people suffer from tension headaches and migraine and people said they were also more prone to backache and general aches and pains under stress.

The solution to the stresses and strains for many is money. More than half of those questioned agreed that cashing in a lottery win would significantly reduce their stress levels.

## Battle for Lloyds goes on

The bidding war between Unichem and Gehe for Lloyds Chemists has resumed after the Monopolies and Merger Commission investigation into the takeover. Gehe's last offer was a cash bid of £650.6 million which matched its final offer in February before the MMC intervened. Unichem has made a cash and share offer, which is estimated to be about £657.6m (depending on share value). Whichever company acquires the Lloyds chain of around 900 shops, it will overtake Boots as the largest UK pharmacy group.

## Standards set for OTC sales

The Royal Pharmaceutical Society's Council has laid down a set of standards for the sale of non-prescribed medicines.

**1a. Request for advice on treatment of symptoms or conditions.** You or your pharmacist must obtain sufficient information to allow an assessment that self-medication is appropriate and to enable a suitable product to be recommended. Questioning using the 2WHAM or similar approach would be suitable. Appropriate advice must be given on the use of recommended products

**1b. Request for a medicine by name.** Your pharmacist must ensure that the procedures for the sale of medicines provide professional advice and intervention whenever this can assist in the safe and effective use of non-prescribed medicines. You or your pharmacist should obtain sufficient information to allow an assessment that the medicine is likely to be appropriate for the person concerned and must provide any advice which is considered appropriate to the product and the intended consumer.

**2. Pharmacist's involvement.** The procedures must ensure that the pharmacist is personally involved whenever this is necessary to provide a good standard of pharmaceutical care. You should be trained to know when the pharmacist should be consulted.

**3. Special purchasers or users.** The procedures should ensure particular care when supplying products for or to children, the elderly and other special groups.

**4. Medicines requiring special care.** Your pharmacist must ensure that he or she is involved in the decision to supply any medicine which requires special care. For example, POM to P switches, those subject to abuse or misuse, or where the licence for non-prescription use is restricted to selected conditions.

## Pain control campaign

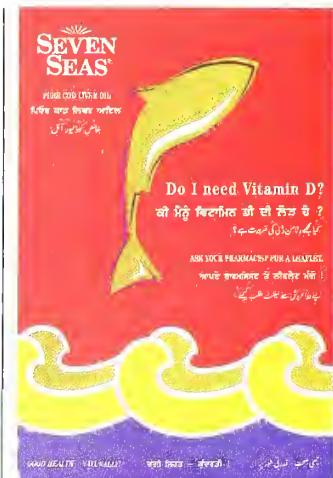
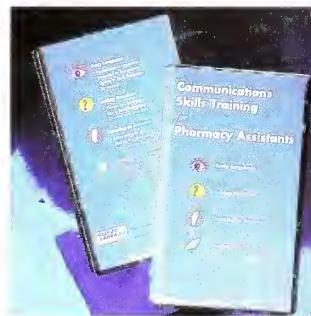
Janssen-Cilag has joined forces with the Cancer Relief Macmillan Fund and the Pain Society to produce two consumer booklets on pain control for cancer patients: 'Get on top of your pain' and 'Keeping a pain control diary'.

The booklets can be obtained by sending an SAE to: Cancer Pain Initiative, 5 Theobalds Road, London WC1X.



Bon voyage to Serena Opped of Hills pharmacy in Wolverhampton who is off to Paris on a luxurious weekend. Serena scooped the first prize in a national competition for pharmacy assistants, run in conjunction with Alphosyl 2 in 1. Serena, who is currently studying to be a pharmacist, is pictured here receiving her tickets from Stafford-Miller representative Anita Ryan

## Video aims to improve care skills



A video, launched by Warner-Lambert Consumer Healthcare in association with the National Pharmaceutical Association, addresses the need for improved communication skills among assistants.

The objective of the video is to instill greater confidence in assistants by encouraging a more flexible and natural approach when using the 2WHAM questions. Focusing on body language, questioning/listening skills and dealing with difficult customers, the video will feature in a series of local workshops, scheduled to run during the end of 1996 and into 1997.

Ailsa Benson, head of training at the NPA said: "Communicating well is vital to the success of the pharmacy assistant's role. By guiding assistants through specific parts of everyday communication, this video will help assistants to develop good customer care skills."

Further information on the forthcoming training programme is available from local Warner-Lambert sales representatives or call 01703 641400.

Recent medical reports suggest the Asian population, especially mothers and children, are at risk from Vitamin D deficiency due to diet and dress. Seven Seas has responded by producing an educational leaflet in English, Urdu and Punjabi. Copies are available by writing to: Seven Seas Asian Leaflet, PO Box 1005, Hull HU1 2EE

## Electronic recording

The Medicines Control Agency is proposing to relax the current legal requirement for pharmacists to keep private prescription records in a bound book. The definition of 'register' will be replaced with references to written or computerised records, reflecting developments in information technology. It is expected to be in place by April.



# Recommend Tixylix Catarrh Syrup for congestion with a cough. It's the clear winner amongst kids.

This latest addition to the Tixylix range became the No 1 pharmacy recommendation and helped the Tixylix range outperform the market by 88%, outselling its nearest competitor by three to one.<sup>2</sup>

Tixylix Catarrh Syrup is specially formulated to clear congestion from colds or flu, and soothe coughs, but that's not all.

Mothers rate flavour highly and recent tests<sup>1</sup> confirm that Tixylix is top for taste and therefore dosage compliance.

This November we're extending our successful national TV campaign bringing in new Mothers and reminding existing users why Tixylix is the No 1.

So, to increase your Tixylix medicine profit further this winter, make sure you give Tixylix shelf space equal to its 65% share of children's cough and cold market profit.

# Tixylix

Paediatric Medicines

Specially formulated for children's coughs and colds



PRODUCT INFORMATION TIXYLIX CATARRH SYRUP Raspberry flavoured syrup containing Diphenhydramine BP and Menthol BP. DOSAGE Children 1-5 years 5ml 4 times daily. 6-10 years 10ml 4 times daily. Not recommended under 1 year. SIDE-EFFECTS, PRECAUTIONS AND RELEVANT CONTRA-INDICATIONS. May cause drowsiness. Other side-effects could include nausea, dizziness, constipation and a rash. Should not be used together with medicines containing other antihistamines, hypnotics, anxiolytics, alcohol or tricyclic antidepressants. Use with caution in those with severe liver disease, severe kidney disease, severe lung or heart disease, asthma, acute porphyria, thyroid disease or depression. C/I hypersensitivity to any of the ingredients. Not to be taken by women who are pregnant or are breast feeding. If symptoms persist for more than 7 days, refer child to a doctor. LEGAL CATEGORY P. PRODUCT LICENCE: PL 0427/0049. PACK SIZE & RSP: 100ml, £2.45. DATE OF PREPARATION: September 1996. Intercare Products Limited, Wokingham, Berkshire RG41 2DD. The TIXYLIX range also contains TIXYLIX DAYTIME (pholcodine), TIXYLIX CHESTY COUGH (Guaiacolene), TIXYLIX NIGHT-TIME, TIXYLIX COUGH AND COLD and TIXYLIX INHALANT. 1 Data on file. 2 Trade audit. Nielsen

# Disease on a breath-taking scale

*Asthma is a disease which claims the lives of over 1,600 people a year in the UK. The popularity of shared care in the management of asthma means that GPs, nurses and pharmacy staff are working together to get the best outcome for the patient. Jeremy Clitherow MBE FRPharmS, a community pharmacist from Knotty Ash in Liverpool, outlines the extent of suffering and how asthma is managed in the community*

The medical definition of asthma has varied quite extensively over the years. However, the common factors are that it is a condition with associated multiple symptoms, linked to trigger factors and allergens.

Physiologically speaking it is a reversible airways obstructive disease in which the linings of those airways become progressively more inflamed during the attack. The inflammation produces narrowing of the 'tubes' and the muscles surrounding them go into spasm making breathing difficult.

## The problem

The hard statistical facts make sombre reading. According to the National Asthma Campaign, in the UK alone there are over 3 million asthma sufferers (about 1.3m children and 1.8m adults) and, each year,



Picture courtesy of M Health Care

more than 1,600 of them will die because of their asthma. Even with all our advances in technology and medicine we have been unable to significantly reduce that death rate, or mortality figure as it is documented.

Less well reported is the effect that asthma has on the lives of the sufferer. Few analysts seem to look at our customers and the extent of their true incapacity in terms of life and enjoyment.

Really bad, or to use the scientific term, poorly controlled, asthmatics are housebound. They dare not venture outside their front door for fear of a severe attack which will inevitably end up with them being taken to hospital in an ambulance, blue light flashing, and an oxygen mask on their face.

For the more fortunate, but still incapacitated, it can

mean the end of sport, social gatherings, the pub and even sex. Thank goodness for our modern medicines.

## Symptoms

The toll in human terms means that one in two asthmatics will report symptoms every day, seven in ten every week, and one in five will be woken by asthma every single night. There are no Bank Holidays for asthmatics. Every night means every night.

If you want to know what it is like to experience asthma, ask one of your asthmatic customers. Their words will probably provide the most graphic description for you. They will probably begin by describing a tight chest, how it feels as though their jacket is too tight or, if they are in bed, as if a large weight has been placed on their breastbone.

Breathing becomes difficult once the airways narrow. Imagine the difference between trying to breathe through a straw rather than a tube – multiplied many thousands of times. They will tell you of the wheeziness as they breathe in and out and the troublesome cough which produces phlegm or mucus.

If they do not use their medication promptly they will experience a quite dramatic escalation of these symptoms. Fear, rapidly progressing to panic, is quite common at this stage and only makes matters worse. Breathlessness increases and total bronchospasm takes over. By now someone, quite rightly, will have dialled 999.

## Symptomatic relief

Although we have not yet found the cure for asthma, we are fortunate to have several remedies. They fall into two major categories, non-medical and medical.

First, if the patient can identify 'triggers' which precipitate attacks, they should be avoided. The most common ones are:

- cold air
- cigarette smoke
- house dust
- house mites
- pollen and moulds.

Unfortunately, domestic pets can also be the culprits. Exercise and stress are often cited too.

Medical treatment falls into two distinct classifications:

- Preventing the condition from developing
- Relieving the symptoms when they occur.

The manufacturers of the metered dose inhalers – the aerosol sprays – have been co-operative and have colour coded their tops uniformly to help patients distinguish between the two types of medication. Preventers generally have a brown or orange cap or casing and relievers are usually blue.

**Continued on p10**

# PRESCRIBE FREEDOM

Did you know that for nearly 20 years AFP Medical has been supplying high quality nebulisers worldwide?

By recommending AFP you can safeguard your patients' nebuliser therapy. We supply only the very best products, certified to the Medical Devices Directive and proudly carrying the CE mark.

As you know, a nebuliser should suit a patient's individual prescription. Short- or long-acting relievers such as bronchodilators or anticholinergics; preventers such as cromoglycate or inhaled steroids; antibiotics: all place different demands on a nebuliser to deliver optimum therapy. Low cost, low performance brands are not the answer. AFP produces several models to accommodate any

application. AFP nebulisers and their compressors are expressly designed to work together and have been independently tested to the British Standard to guarantee their compatibility.

We promise your patients friendly service and rapid delivery. We also promise easy, reliable access to consumable accessories. We guarantee reasonable prices. Our enviable servicing scheme offers home collection and loan options.

Call or fax now and we will send you our new brochure full of information for your patients. We will also send – with our compliments – handy notepads with prescribing information for you to advise your patients on the best nebuliser for them.

Recommend AFP nebulisers and offer your patients the complete choice.



*Expanding your horizon*

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Fax: 01788 540199  
e-mail: [afpmed.demon.co.uk](mailto:afpmed.demon.co.uk)



The best practice now is to use a step wise approach to treating asthma. There is no fixed point. Patients can, and do, go up and down the ladder of treatment. Gone are the days when patients were just told "Take this, three times daily". Now, the patients is provided with the information, and involved in the decision making process. It is teamwork, with the patient as a player – in fact, the most important member of the team. Some authorities call this patient empowerment, others refer to it as giving the patient the information and letting him make the "informed choice".

## Drugs management

Salbutamol (Ventolin) is by far the most commonly prescribed medicine for mild to moderate asthma with the aerosol presentation outstripping the syrup, tablets, dry powder disks and nebuluses by a very large margin. The nebuluses tend to give a much larger dose of the active ingredient and require a nebuliser, which is not yet available on the NIS, to deliver the active ingredient to the lungs. As a result the nebuluses are usually prescribed for moderate to severe asthma.

The most commonly reported side effect of salbutamol is a fine tremble of the hands – the 'Ventolin shake', and is associated with higher doses. Headache, flushing, palpitations and hot extremities have also been reported by patients but these side effects tend to be relatively mild and short-lived.

Salbutamol is one of a class of drugs known as bronchodilators. It relaxes the smooth muscle in the constricted airways which causes them to expand, allowing more air in and out, which in turn makes breathing easier.

Terbutaline (Bricanyl) is another short-acting bronchodilator which, like salbutamol, has a rapid onset on action, providing quick relief, but only lasts for three to six hours.

Salmeterol (Serevent) works in a similar way to the previous two drugs but has a slower onset of action with a longer duration (up to 12 hours), making it popular with sufferers who experience symptoms during the night.

Ipratropium (Atrovent) also relaxes airway smooth



ol your day to day involvement will depend very much upon where you are in your training programme, and to what extent your pharmacist wants you to become involved with your asthmatic customers.

Starting at the basic level you can help ensure the efficient reception of prescriptions and make certain that the right patient receives the right medication. It could progress from there to checking on inhaler techniques and, if necessary, demonstrating the correct technique.

When you are talking to patients (and customers), remember that to be an effective communicator you need to give the information and then check for understanding. That means asking questions but without being 'pushy'. The last thing you want to hear about your shop is how the staff interrogate the customers!

## Gently does it

Which sounds better to you? "I'm going to test you on your inhaler technique" or "Let's go through the latest advice on the best way to use an inhaler". Which do you think would achieve the objective of improving your customer's technique?

Moving on from there, your role could expand to cover asthma awareness for young mums, compliance, spacer devices, information updates, details of self-help groups such as the National Asthma Campaign, peak flow monitoring, the modern stepwise approach to asthma management and even emergency procedures to be adopted in the case of a full blown bronchospasm.

You will certainly need to know the contra-indications and interactions between your OTC medicines and asthma. The main ones will be the non-steroidal anti-inflammatory drugs such as aspirin and ibuprofen, and blood pressure medication.

Don't forget, one of the first signs of asthma is a wheeze and a cough. Keep this in mind each time someone asks for your advice on a cough bottle. Could the patient be an undiagnosed asthmatic or one whose asthma is running out of control. Ask the obvious, "Do you use an asthma inhaler by any chance?" "May I help you?" That's why they'll say 'Ask at your pharmacy', you'll be getting good advice!

muscle but through a different mechanism. It has a slow onset and long-lasting action (up to eight hours) and tends to be used as a second line, if the Salbutamol therapy is ineffective.

## Moving on up

If the medicines described above have not proved successful in controlling the asthma, the GP usually adds a steroid inhaler to the prescription. Needless to say these are anti-inflammatory steroids, not the body building anabolic steroids which some athletes use illegally. It may be necessary to emphasise this point to patients who are often unclear about the differences between the two types of steroids.

Inhaled steroids such as beclomethasone (Becotide), budesonide (Pulmicort) and fluticasone (Flixotide) are now generally accepted as the mainstay of preventative therapy.

Steroids used to treat asthma reduce the swelling in the lining of the 'tubes' and this 'opens them up'. They also allow more of the medicament to reach the site of the problem. The decision to add a steroid to the prescription will probably be made when the patient reports having to use their reliever spray more than once a day.

Patients must understand that these drugs should be used regularly to prevent an attack happening.

If, unfortunately, the asthma attack is not being adequately controlled with a low dose of inhaled steroids, the GP is likely to increase the dose but still use the aerosol presentation. If that is unsuccessful he may give a high dose of steroid, usually as prednisolone tablets.

By now we are near the top of the stepped guidelines

for asthma management (adult and child versions issued by the British Thoracic Society) and the patient is highly likely to be referred to hospital. Severe asthma at this level can often result in an addition to the annual mortality figures.

At the hospital, the patient will probably be re-assessed and given intravenous high dose steroid therapy to counteract the bronchial inflammation. One such episode justifies carrying prednisolone tablets around in the jacket or handbag for life.

## Emergencies

There is a possibility that your pharmacy could be at hand when an asthmatic has a severe attack and is brought into the shop for first aid. What you are likely to see is a highly distressed patient, with extreme breathing problems, perhaps not even able to speak.

First and foremost shout for someone else in the staff to telephone for an ambulance and make sure that they know to come back to you to report a successful 999 call.

The patient probably won't be able to answer you but he can still hear and nod. Ask him: Are you asthmatic? Have you got your inhaler? Isn't it working? Do you take steroids? Have you taken any yet? The paramedic will value all this data very highly.

## Role of the assistant

Repeat prescribing of many asthma treatments means that many sufferers visit their pharmacy much more frequently than they visit their GP. As a result, pharmacy staff should be on the alert for any symptoms of poor control, worsening of symptoms or problems using any delivery device.

As an assistant, the extent

# Win a trip to Paris and you'll be smiling.



Mona Lisa, c.1503-6 (panel) by Vinci Leonardo da (1452-1519) Louvre, Paris/Ridgeman Art Library London.

The Sensodyne Search range of toothbrushes is famous for creating smiles, just as the Mona Lisa is famous for having one. You could say we're the 'Masters'. Our toothbrushes currently enjoy 70%<sup>1</sup> recommendation amongst hygienists, and the 3.5 toothbrush is the one they most often use themselves. As with art, there is a Sensodyne Search toothbrush to suit everyone. They now come with vibrant coloured handles and colour coded packs, to help your customers select the right brush for their needs more easily. All displayed in a merchandising unit which is guaranteed to create interest and sales. When it comes to creating perfect smiles... you can rely on our brush strokes.

Annual Dental Survey 1996. Data on file. Stafford-Miller Ltd

## ENTRY FORM – Tick correct box

Q1. The Louvre' Art Gallery can be found in which French City?

a) St Tropez      b) Le Mans      c) Paris

Q2. How many hygienists recommend the Sensodyne Search range?

a) 50%      b) 60%      c) 70%

Q3. Who painted the Mona Lisa?

a) Leonardo Da Vinci      b) Bob Hoskins      c) L.S. Lowry

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PHARMACY NAME AND ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

## SENSODYNE // SEARCH

It takes a stroke of genius to create a perfect smile.

## THE COMPETITION.

Win a trip to Paris for two people to see the most famous smile in the world.

The prize consists of travel from Waterloo by Eurostar to the centre of Paris, where you'll spend the night in a hotel and enjoy a continental breakfast. Travel insurance for two people, plus £200 spending money is also included, but you must take your prize in 1997.

Alternatively, if you are one of five runners up, you'll receive membership of 'English Heritage' worth £20, and you'll be able to view some of our nation's art treasures in our slatey homes.

Enter the competition

Just answer the following simple questions and send this form to:

Sensodyne Search/OTC Competition,  
Chemist & Druggist, Miller Freeman,  
Sovereign Way, Tonbridge, Kent TN9 1RW.  
The closing date is 31st March 1997.

### THE RULES.

1. The competition is open to all pharmacy staff. 2. Only one entry per person will be accepted, and entries must be on an original form. No photocopies will be accepted. 3. The competition is not open to employees of Stafford-Miller Ltd. or Miller Freeman, their agencies or relatives. 4. Entries received after the 31st March 1997 will not be eligible. 5. The first correct entry drawn at random after the closing date will be awarded the prize as stated, the following 5 correct entries drawn will receive the runners up prize of one year's membership of English Heritage. 6. The first prize is exclusive of all transfers. 7. The judge's decision is final and no correspondence will be entered into. 8. Stafford-Miller Ltd. reserve the right to use any submissions for future publicity. 9. No cash alternatives will be offered. 10. The winner will be informed in writing no more than ten days after the closing date.



# Sharp, stabbing sore throats deserve Strepsils anaesthetic action



**Presentation** 24 lozenges. Each lozenge contains: Active ingredients: 2% Lidocaine Hydrochloride, 2% Benzalkonium Chloride, 1% Chlorhexidine Gluconate. Also contains: Glycerine, Syrup, Trehalose, Acid Flavouring, Maltitol, Talc, Tannin, Quinoline, Trehalose and 2% Camphor. **Indications** Symptomatic relief of severe sore throats. **Dosage & Administration** Adults and children over 12 years. One lozenge to be sucked every 2 hours as required. Do not take more than 8 lozenges to be sucked in any 24 hour period. **Contra-indications** Not recommended for children under 12 years of age. **Precautions** If pregnant or breast feeding consult your doctor before using this product. If you are allergic to any of the ingredients listed, do not use this product. Consult your doctor if symptoms persist or are accompanied by high fever or headache. **Side effects** May occasionally cause allergic reactions. **Packaging**

Quantities: 24 lozenges in a carton. Legal category [P]. RSP £2.15 PL 0327/0078 Product Licence Holder & Manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA Prepared September 1996.

**Presentation** Red liquid containing Lidocaine Hydrochloride, Ph Eur (lidocaine) 2.6mg per spray.

**Also contains**: Purified water, orbitol solution, flavourings, (levomenthol, peppermint, aniseed), sodium citrate, saccharin, alcohol, carmine red edicol (E122). **Indications** Symptomatic relief of severe sore throats. **Dosage & Administration** Adults and children over 12 years. Aim nozzle at back of throat and spray three times, this is one dose. Repeat every three hours as required. Do not take more than six doses in any 24 hour period.

**Contra-indications** If you are allergic to any of the ingredients listed do not use this product. Patients suffering from asthma or bronchospasm. Not recommended for children under 12 years. Do not inhale whilst spraying and avoid contact with the eyes.

**Precautions** If symptoms persist or new symptoms arise (fever, headache, nausea and vomiting) talk to your pharmacist or doctor. If pregnant or breast feeding, or taking any other medication, consult your doctor before using this product. **Side effects** May occasionally cause allergic reactions. Patients may experience numbness of the tongue and therefore care may need to be taken in eating and drinking hot foods. **Packaging** Quantities: 20ml bottle. Legal category [P]. RSP £3.99 PL 0327/0089 Product Licence Holder & Manufacturer: Crookes Healthcare Ltd, Nottingham NG2 3AA. Strepsils is a Trademark. Prepared September 1996.

**NEW**

# NEW

**Strepsils**

**DIRECT ACTION SPRAY**

24 LOZENGES

**DUAL ACTION**

**Strepsils**

Anaesthetic to numb pain.  
Medicine for severe sore throats.

20ml About 50 Doses

ANAESTHETIC FOR RAPID PAIN RELIEF  
ANTIBACTERIALS TO TREAT INFECTION  
MEDICINE FOR SEVERE SORE THROATS

Contains lidocaine hydrochloride

For immediate sore throat relief delivered right to the point of the pain, offer your customers New Strepsils Direct Action Spray. Or, for effective anaesthetic action in a lozenge, there's Strepsils Dual Action, supported by extensive TV advertising.

With the trusted Strepsils name now with anaesthetic, both products make an effective recommendation.



# There's a cold wind blowing

*The cold and flu season is about to strike with a vengeance. Zita Thornton dispels the myths and assesses the treatment options*

It's an old wives tale that we catch a cold by going out with wet hair, getting drenched in the rain or being cold. Colds, caused by highly infectious viruses, are caught from someone else.

They can be passed on by touch, so you don't have to kiss a sufferer to catch the virus, you could just shake hands. Or you could breathe in infected droplets when they've been spread by a sneeze. That sneeze can propel those droplets over a distance of 10m. Coughs and sneezes do spread diseases.

This could explain why town dwellers who pass their lives in closer proximity to each other are more prone to catching colds than their rural neighbours.

It also explains why the incidence of colds peaks

during the winter when 85 per cent of colds occur, as we gather together in crowded places with poor ventilation to keep warm.

No one is immune to catching a cold as there are over 200 different strains of the virus. Even if you have already suffered a cold this year you could easily succumb to a different strain next time round.

**Suffering symptoms**  
Everyone is familiar with the sneezing, coughing, streaming eyes, blocked or runny nose, sore throat and headache feeling which tells us that we have caught a cold.

The cold symptoms may last a week but the incubation period, before symptoms appear, can be up

to three days, during which time the virus can be spread, so it's hard to escape getting a cold. In a recent survey, 25 per cent of people said they suffered from three to six colds a year and nearly three in four (73 per cent) reported at least one episode.

Coughing and sneezing are the natural, protective reflexes our bodies use to clear the airways of foreign bodies. When the cold virus invades the cells of the membranes lining these passages it stimulates this reflex as well as encouraging the production of more mucus. At first this causes a runny nose, then as the mucus becomes thicker and more sticky and the membrane in the nose swells, we get a blocked nose.

A productive cough will help to get rid of this mucus from the lungs and airways, but a dry, tickly cough will add to the irritation and sore throat. Further inflammation of the throat may encourage bacteria leading to a secondary infection.

Runny eyes occur because excessive tears cannot readily escape through the blocked passages.

A cold is not a serious illness yet it can be most debilitating and can pave the way for bacterial infections such as sinusitis, earache or bronchitis.

People taking steroids, or who suffer from asthma, diabetes, kidney or heart disease, should make an extra effort to avoid catching

*Continued on P14* ►

# Did you know that ...?

- Colds are believed to have originated around 3,000 years ago in Iraq, when people first assembled in large cities
- The most severe outbreak of flu was during the winter of 1918-19 when 20 million people worldwide died – more than the total number of people who died in the Great War
- More time is lost from colds than all other diseases
- Last winter a staggering six out of ten Brits had a cold or flu
- A person with a blocked nose may wake up to a 100 times during a night's sleep without knowing. This could explain the pounding headache some people have on waking
- When someone with a cold sneezes they can discharge anything from 100,000 to one million infected droplets into the air

Information supplied by Vicks and Nurofen Cold & Flu

◀ Continued from P13

a cold as they will be more prone to further complications.

There are those who seem to suffer badly from their cold while, for others, the symptoms are quite slight. This is because those with

better immune systems, healthy adults eating a balanced diet with little fatigue or stress, for instance, seem to be less susceptible to the worst of the cold symptoms.

## Or could it be flu?

Flu, or influenza, is not just a heavy cold but a specific virus in its own right. For certain people it can be a serious illness. In 1993, 13,000 people died in a flu epidemic.

There are three types of flu virus: A B and C. A is the most common strain and is the main cause of epidemics. B has a milder effect and C is much rarer. Flu symptoms develop suddenly: aches and pains, headaches, sore throats, high temperature and a general shivering and feeling unwell. This lasts for a few days but can leave you feeling depressed and unwell for a considerable time afterwards. Most of those who died in the flu epidemic were elderly. Fewer would have died if more people in this age group had opted for the flu jab.

Flu is a virus, so antibiotics will not cure it, but vaccination gives 70-80 per cent protection against contracting the illness in the first place. If you are unlucky

enough to catch flu even after vaccination, it will be less severe and you will be more likely to avoid complications such as pneumonia. Research at University Hospital Nottingham showed vaccination reduced hospital admissions for flu, bronchitis and other related illnesses by 60 per cent.

Young people commonly shake off an attack of flu quite easily but those most at risk, such as diabetics or those particularly susceptible to infections, should be vaccinated. However, last year, less than half of those at risk received the vaccination while one in four doses had gone to healthy people. This year, the Government is requesting that young, fit people forego the vaccination so that the needs of those more vulnerable can be met.

Unfortunately, the virus changes slightly each year so the vaccine used to treat flu one year won't be effective another year. This is why a new batch has to be made annually and the vaccination repeated each year.

There are likely to be mild flu-like symptoms some 6-12 hours after the vaccination, but these should disappear after 48 hours and should

not deter anyone choosing to be vaccinated. The alternative is likely to be much worse.

## Cold comfort

There are no cures for colds and most will resolve of their own accord. Fortunately, the symptoms can be relieved to some extent, making the patient feel better. This gives rise to the saying that if you treat a cold it will last for seven days and if you don't it will last for a week but feel like a fortnight.

Taking a simple painkiller, such as aspirin, paracetamol or ibuprofen, eases aches and pains and, if taken with plenty of fluids, can reduce a high temperature.

Cold and flu treatments are one of the most highly recommended OTC categories. They seem to have more of a psychologically beneficial effect while relieving discomfort. It would be better to treat specific complaints with individual medicines but all-in-one remedies are popular and can work out cheaper than buying separate products.

Most treatments contain combinations of two or more of the following ingredients:

- antihistamines, which alleviate a runny nose and

Continued on P16 ▶



# Power packs



The Hill's Balsam pastille range has just got stronger.  
Our best selling Chesty Cough and Nasal Congestion pastilles are now joined by our  
new Extra Strong 2-in-1 pastilles.

And we're giving them really strong support. Nearly £750,000 worth of colour  
magazine advertising between November 1996 and March 1997.

## Top tips for a healthy winter

1. Wrap up and keep warm wherever you go.
2. Drink plenty of fluids. The odd alcoholic drink (hot whiskey) is OK but make sure it doesn't interfere with any other medicines you are taking.
3. It's not true that you should 'starve a fever and feed a cold' but it is better to eat light meals, and plenty of fresh fruit and vegetables.
4. Medicines can help you feel better.
5. Don't carry on with your life regardless. Use your common sense about going to work, otherwise you may end giving everyone else in the shop your cold or flu.
6. Don't hesitate to call your doctor if you're feeling really ill or if your symptoms haven't started to improve after three to four days, particularly if you've been self-medication.

Information supplied by Warner Lambert Consumer Healthcare

Continued from p14

watery eyes by drying up the nasal secretions e.g. triphosphate, diphenhydramine, chlorpheniramine, and brompheniramine. 

- decongestants, which constrict the blood vessels and reduce nasal blockage e.g. pseudoephedrine, phenylephrine, phenylpropanolamine and ephedrine
- cough suppressants e.g. codeine, pholcodeine and dextromethorphan
- analgesics to reduce pain and fever e.g. aspirin, paracetamol and increasingly ibuprofen.

Check out the combination cold/flu remedies on your pharmacy shelves and see what active ingredients they contain.

Patients should be warned that different combination remedies should never be used together, or with an individual analgesic or decongestant, as this can lead to an overdose of the active ingredients. It is easy to take paracetamol followed by say, a hot lemon remedy without realising that it may also contain paracetamol. Recently, a surgeon in a liver transplant unit appealed for restrictions to be made on the availability of paracetamol as he saw so many cases of liver damage due to overdose of paracetamol, some of them accidental.

As an all round remedy for colds and flu with nasal congestion, analgesics combined with decongestants are effective.

Decongestants alone can be used topically as drops or spray or as inhalations and inhalant oils and salves. Demulcent pastilles containing glycerine, lemon and honey soothe a tickly sore throat while lozenges or sprays containing a local anaesthetic, such as benzocaine or lignocaine,

bring relief when there is pain on swallowing.

### Alternative options

A range of natural alternatives are available to treat colds. Recent US research shows that zinc taken as lozenges as soon as the signs of a cold appear can reduce its duration by half. Garlic is said to be effective in clearing catarrh.

Many licensed herbal remedies to treat the symptoms of cold and flu include garlic or various combinations of other active herbs, ranging from echinacea, boneset, and yarrow, to squill extract and marshmallow.

Standard homoeopathic formulations, specifically for colds, flu and coughs are also widely available.

The debate about the effectiveness of vitamin C continues but the balance of opinion is that low doses may have some beneficial effects by stimulating immune function but mega doses are no more effective and should not be taken for long periods.

### Referral

A referral to a doctor should be recommended if the patient is suffering from any of the following:

- a painful cough
- phlegm that is not clear
- breathing difficulties
- a temperature over 101°F or 30°C
- facial pain
- symptoms that have lasted for a fortnight
- flu suffered after a recent trip abroad
- flu symptoms in high risk patients such as diabetics.

### In conclusion

Although for the majority of the population a cold or flu is unlikely to be a life-threatening condition, it can be very debilitating. You can offer effective OTC medicines, helpful advice and perhaps even a sympathetic smile, to make life a bit easier for sufferers.

# Sharp, stabbing, swollen, itchy, irritating?

Seven out of ten people in the UK suffer from at least three sore throats every year and for the majority of these the pharmacy is the first port of call. A recent survey by Crookes Healthcare revealed that nearly 60 per cent of people would visit their pharmacy for advice and recommendation when suffering from a sore throat, compared with only 3 per cent who would visit their GP.

It's important to establish exactly what type of sore throat your customer is suffering from? Crookes Healthcare says consumers typically describe their sore throat in one of three ways:

Dry, itching and irritating  
Swollen, constricted and inflamed  
Sharp, stabbing and painful

Sucking pastilles or lozenges has a soothing and lubricating effect on dry, itchy throats as it stimulates saliva production. As many lozenges are now pleasantly flavoured, it's important to remind customers not to eat them as sweets, but to suck them slowly. It's probably safer not to give throat lozenges to children

under three years as the lozenge could stick in their throats.

A sore throat associated with a sharp stabbing pain probably requires the powerful action of a local anaesthetic to numb the area. Anaesthetic lozenges such as Dequacaine, Strepsils Dual Action, Bradosol Plus, Tyrozets and Merocaine, and sprays such as Ultra Chloraseptic and the new Strepsils Direct Action Spray, are the two sectors within the market which have shown the most growth over the last year. This is probably a reflection of growing consumer confidence in self-medication and a willingness to use 'more powerful' medicines.

Care should be taken when recommending anaesthetic products as the loss of sensation can make swallowing difficult, particularly for young children and the elderly.

Most sore throats are caused by viruses or bacteria, are associated with a cold, and tend to resolve within a few days. However, if it persists and is accompanied by a high temperature the patient may need to see their GP for a course of antibiotics.



Photo courtesy of Crookes Healthcare

# ADMINISTER THE ANAESTHETIC



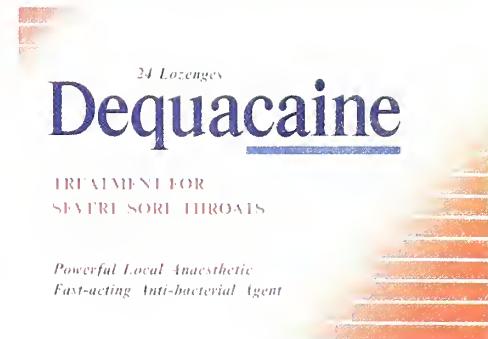
Many customers always rely on their pharmacist for advice. And when these customers need relief from sore throats, Dequacaine is one of the strongest recommendations you can give.

Dequacaine contains Benzocaine, a powerful local anaesthetic to numb the pain and the antibacterial ingredient Dequalinium Chloride to help fight infection. Dequacaine has always been supported by pharmacists and with a proven profitable track record, a recommendation of Dequacaine ensures your services are well rewarded.

MAKE DEQUACAIN E YOUR POWERFUL  
RECOMMENDATION FOR SEVERE SORE THROATS

**PRODUCT INFORMATION:** Throat lozenge containing Benzocaine B.P. 10mg, Dequalinium Chloride B.P. 0.25mg. **Also contains:** Sodium Saccharin, Levomenthol, Racemic Camphor, Peppermint Oil, Benzyl Alcohol, Colloidal Silica, Liquid Sugar, Liquid Glucose, Invert Syrup. **Indication:** For the relief of severe sore throats. **Contra-indication:** Hypersensitivity to any of the ingredients or to para-aminobenzoic acid and its derivatives. Patients with low plasma

cholinesterase concentration and taking anticholinesterase. **Precautions:** If symptoms persist, consult your doctor. Not recommended for use in pregnancy and lactation except under medical supervision. Should be used with caution in patients with Myasthenia Gravis. **Dosage:** Adults & children over 12 years: one lozenge to be sucked every two hours as required. Do not take more than 8 lozenges in any 24hr period. Not suitable for children under



12 years of age. **Side effects:** Unusual hypersensitivity reaction. **Contra-indication:** Methaemoglobinuria. **Packaging quantities:** 24 lozenges in a carton. **RSP:** £2.35. **PL:** 0327/0163. **Licence holder and manufacturer:** Crookes Healthcare Ltd, Nottingham, NG2 3AA. **Prepared:** September 1996.



CROOKES HEALTHCARE

# As night follows day

**Envy no more  
colleagues who  
miraculously  
transform their  
demure daytime look  
into disco dolly behind  
the door of the  
communal bathroom.  
Follow the advice of  
Anne Mulle and you  
too can effortlessly  
glide from behind the  
counter for a night out**

The party season is upon us, which means Christmas lunches, office parties and an ever increasing demand on our wardrobes and make-up bags.

Leaving aside the problem of finding enough dazzling numbers to throw on, there's the time factor. Going out at this time of year usually involves dashing straight from work, so there's little time to change, re-apply make-up and ensure that you've got enough energy to last the distance. Creating a day to night look is a key skill in any party girl's kit.

#### Tips for a transformation

• 10 seconds or less: when you really don't have time to adjust your make-up use the expert's tip for reviving a day-old face. "Get a mineral water atomiser which emits a very fine spray," advises Dina. "Simply close your eyes and give your face a quick blast of water. This has the effect of refreshing the pigments in your cosmetics."

• If you've got more time on your hands, follow these steps:  
1. Using a concealer with light reflecting particles (try YSL Radiant Touch, £17.50), touch out shadows beneath the eyes and around the nose.  
2. Repair your base with a combined powder/foundation compact (look out for Clinique's City Base Compact Foundation SPF15, £16.50).

3. Choose a shimmering shadow for the eyes and cheat on application by using that little known make-up artists tool, your finger.

4. Touch-up eyeliner and finish the eyes with a sweep of mascara. True party girls can try Helena Rubinstein's Extreme Lash thickener, £14.

5. Finish with your lips. To help prevent 'feather' use Estee Lauder's LipZone Anti-Feathering Complex (£15.50, 15ml) before lipstick application.

Most of us prefer minimal make-up for our working day. Thanks to the popularity of unflattering overhead strip lighting in most shops and offices, wearing toned down muted and matte shades means we can avoid looking facially over-dressed while still playing up our best features.

A light foundation or make-up base with a little bit of powder, eye make-up and neutral lipstick is more than enough for the nine to five.

During the more social hours of evening and night, lighting again plays a part in creating definition. Because subtle illumination is the order of the day in restaurants, bars and clubs, stronger definition of lips and eyes will create not only a more dramatic appearance, but will also ensure that you don't fade into obscurity.

So should you add to existing make-up or start from scratch? Make-up artist Aimee Adams advises: "Although you might be readjusting your look for the evening, this doesn't mean layer upon layer of make-up.

"Colours for autumn/winter are very strong. Deep plum, chocolate and purple are very popular, while the shiny look means that greys, blues, greens and darker shades are shimmering."

#### Face fixing

If you do have time to re-do your foundation, experts advise that you go for a liquid base followed by powder. Adams says: "Very finely milled powder fixes foundation and makes it last longer."

To maximise an evening look, try a pre-foundation base like Lancome's Maquisuperbe in Dore (£15) with shimmering particles to accent glowing skin.

• **Product Check:** Com Silk Loose Powder (£5.99), Ultima II Wonderwear (£17.30ml)

#### Sparkling eyes

Dramatic shine is the key for evening eyes. Swap neutral

daytime shades for something with a touch of sparkle and define the eyes with kohl. Adams suggests, "line inside the rim of the eyes using black kohl", while fellow make-up artist Dina advises using a felt-tip liner along the upper lid. "It's much quicker and easier to use that liquid liner."

With eyeshadow you can stick to one colour rather than juggle with graduated dark-to-light. Just remember that lighter tones 'open up' the eyes while darker colours create a sultry look. Mascara users should note that clump-free lashes can be achieved by blotting the mascara wand on tissue before stroking onto the lashes, then comb through before the colour dries.

• **Product Check:** Christian Dior 5 Colour Eyeshadow Compact in Imaginary Grey (£27.50), L'Oréal Perfection Crea Couleur in Prune (£2.99), YSL Fard A Paupieres Poudre Duo No 35 (£19), 17 New Advanced Wear Mascara (£3.10)

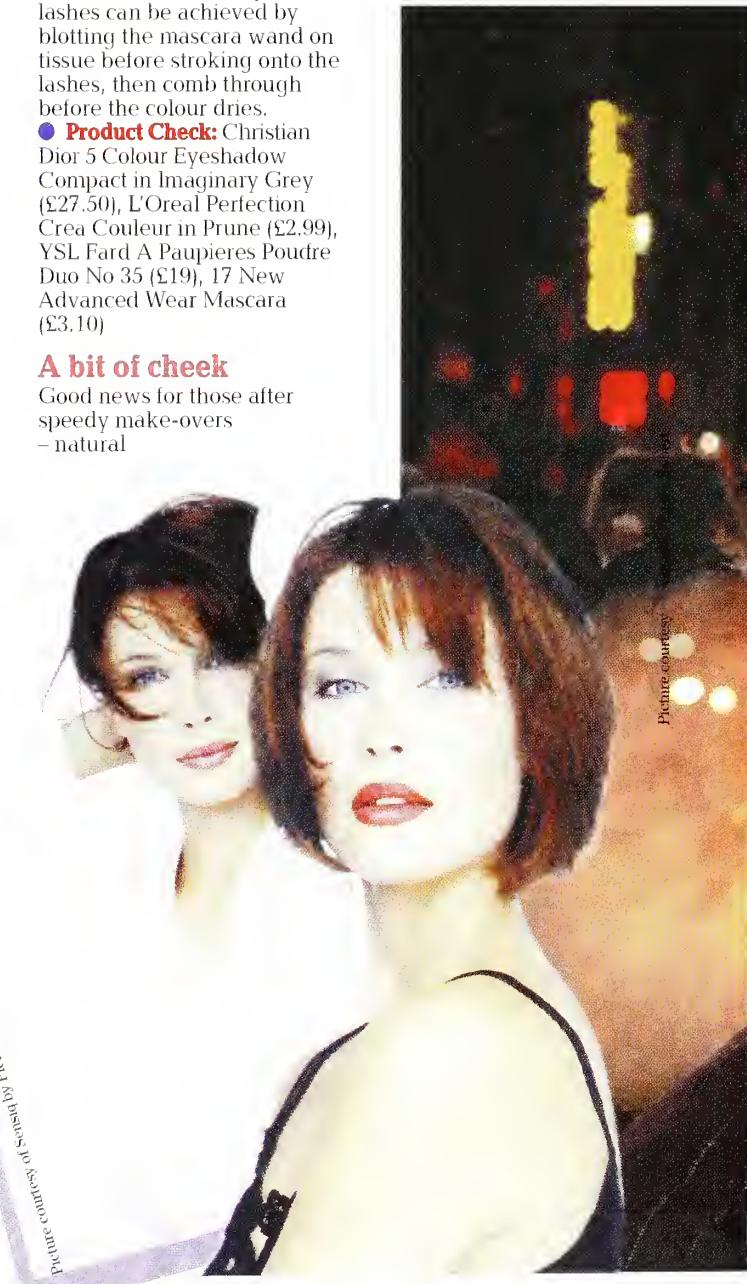
#### A bit of cheek

Good news for those after speedy make-overs – natural

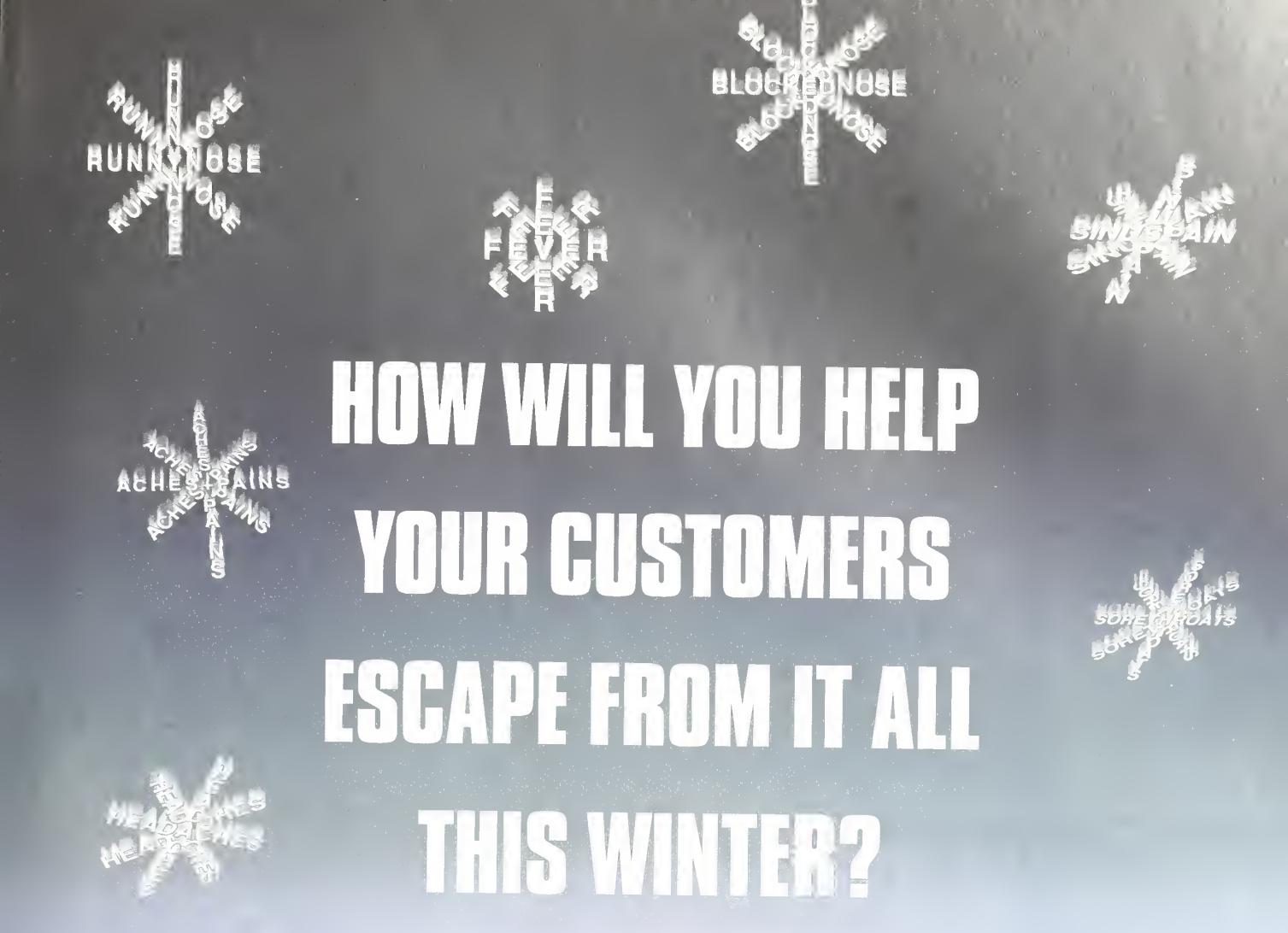
is in and contoured is out. "Rosy cheeks are very big," explains Dina, so trying to achieve tricky shading is no longer a worry.

For the simplest roses, apply a little blusher to the apple of the cheeks with a large powder brush, blending the colour up and outwards. Adams adds: "I always dab a little blusher on my chin and temples as well for a finishing touch." Best of all are cream blushers – just use your fingers to rub a dot onto each cheek.

• **Product Check:** Lancome Blush Pomette in Folie Doree



Picture courtesy of Saks by Pierre Robert



**HOW WILL YOU HELP  
YOUR CUSTOMERS  
ESCAPE FROM IT ALL  
THIS WINTER?**



CROOKES HEALTHCARE

# THE MULTI-SYMPOTM MISEY OF COLD& FLU

Colds and flu are responsible for more days lost from work and school than any other illness. While there is still no cure, symptom relief has become a central part of modern cold and flu treatment. Customers who want to carry on with everyday life require fast and effective relief of symptoms such as: headache, sinus pain, congestion, fever, sore throat, and aches and pains.

Recent trends in cold and flu relief suggest that more and more people are relying on self-medication to treat their symptoms. It is estimated that 57% of people use over-the-counter medicines to provide cold and flu symptom relief.

Throughout the winter season, you are likely to be asked for advice about cold and flu relief more than 30 times per week. And as a member of pharmacy staff, you can't recommend a more effective treatment than Nurofen Cold & Flu.

## WHY IS NUROFEN COLD & FLU SO EFFECTIVE?

Nurofen Cold & Flu provides your customers with fast, effective relief from a wide range of symptoms, with the reassurance of the Nurofen name.

The pain-relieving, fever-reducing and anti-inflammatory properties of ibuprofen, combined with the decongestant action of pseudoephedrine, enables Nurofen Cold & Flu to quickly take control of a wide range of cold and flu symptoms, without causing drowsiness.



ADV  
MULTI-SYM



## HEADACHES AND OTHER ACES AND PAINS

Ibuprofen has been shown to be more effective than paracetamol in relieving headaches<sup>1</sup> and other aches and pains.

## FEVER

Ibuprofen provides greater and longer lasting relief of fever than paracetamol.<sup>2</sup>

## SORE THROAT

Ibuprofen is more effective in relieving painful sore throats than paracetamol, because of its superior anti-inflammatory action.<sup>3</sup> Paracetamol is known to have little anti-inflammatory activity.

## BLOCKED NOSE AND CONGESTION

At the start of a cold the nose often runs with a thin clear liquid. As the cold progresses, this liquid becomes thicker and eventually causes the nose to become blocked. Pseudoephedrine quickly clears nasal congestion, and also helps relieve nasal discharge. In addition, pseudoephedrine has been shown to provide effective relief of sneezing.<sup>4</sup>

## PAINFUL SINUSES

Sinus pain is caused by inflammation and mucus build up in the nasal passages. Ibuprofen's anti-inflammatory action, combined with pseudoephedrine's decongestant power, helps to relieve the inflammation and clear the nasal passages. Tested against a paracetamol-based combination, Nurofen Cold & Flu was found to be more effective in relieving sinus pain, three hours after dosing.<sup>5</sup>

You cannot recommend more effective multiple symptom relief, than Nurofen Cold & Flu.

Before you recommend Nurofen Cold & Flu, ask the 2-WHAM questions and

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**PRODUCT INFORMATION:** Nurofen Cold & Flu: each tablet contains 200mg Ibuprofen BP and 30mg Pseudoephedrine Hydrochloride. **Indications:** Effective in the relief of symptoms of colds and flu with congestion, such as aches and pains, headache and feverishness, sore throats, sinusitis and blocked noses. **Dosage and Administration:** Adults and children over 12 years: Initial dose 2 tablets taken with water, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. **Precautions and Warnings:** Nurofen Cold & Flu should be avoided by patients with a stomach ulcer or other stomach disorder. Asthmatics, anyone allergic to aspirin, anyone receiving regular medication and pregnant women should be advised to consult their doctor before taking Nurofen Cold & Flu. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor. **Product Licence Number:** Nurofen Cold & Flu 0327/0060. **License Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA. **Legal Category:** P. **Price:** £2.39 for 12, £3.79 for 24, £4.99 for 36. Prices correct at the time of going to press. **References:** 1. Noyelle RM, et al. *Pharm J.*, 1987, 238, 561. 2. Kauffman RE, et al. *AJDC*, 1992, 146, 622. 3. Schachtel BP, *Clin Pharmacol Ther.*, 1988, 44, 704. 4. Bye CE, et al. *B Med J.*, 1980, July 19th, 189. 5. Data on file, 1990, Crookes Healthcare.

# ESCAPE THE WINTER BLUES

## WIN A LUXURY WEEKEND SHOPPING TRIP FOR TWO IN LONDON INCLUDES £200 WORTH OF HARRODS GIFT VOUCHERS

Enter the Nurofen Cold & Flu competition and you and a friend could enjoy a luxury weekend shopping trip for two, in London.

Your prize will consist of first class travel to and from London, one night at the Waldorf Hotel, including bed and breakfast, plus £200 worth of Harrods gift vouchers.

There are ten runner-up prizes of £10 Marks & Spencer vouchers.



To enter simply answer the questions below, fill in your personal details, and return your completed entry to: Nurofen Cold & Flu Competition, Freepost, PO Box 193, Nottingham NG3 1BR.

- 1 Which of the following are the active ingredients of Nurofen Cold & Flu?  
a. Phenylephrine+pseudoephedrine b. Paracetamol+pseudoephedrine  
c. Ibuprofen+pseudoephedrine
- 2 Which of the following has the greatest anti-inflammatory action?  
a. Pseudoephedrine b. Ibuprofen c. Paracetamol
- 3 Which of the following provides the greater and longer-lasting relief of fever?  
a. Pseudoephedrine b. Ibuprofen c. Paracetamol
- 4 What action does pseudoephedrine have?  
a. Relieves nasal inflammation b. Relieves nasal congestion c. Relieves aches and pains

**COMPETITION RULES:** 1. Competition entries must be received by the finish of business on 31/1/97 2. Correct entries will be entered into a free prize draw, with the winners selected randomly 3. The winner will be notified by 15/2/97 4. The first prize is a luxury London weekend shopping trip for two. There are ten £10 Marks & Spencer gift vouchers as runner-up prizes. 5. No cash alternatives will be offered. 6. This competition is only open to pharmacy assistants. All entrants must be at least 18 years old, and have their employer's permission to enter. 7. The judges' decision is final, and no correspondence will be entered into. 8. Crookes Healthcare reserves the right to publish the winner's name and photograph. 9. Prize winners may be liable to income tax, and it is the sole responsibility of the individuals to declare any such win on their annual tax return. 10. The competition is not open to employees of Crookes Healthcare and their families or the company's agencies. For the winner's name please write, enclosing a stamped addressed envelope, to Crookes Healthcare Ltd, Nottingham NG2 3AA

 CROOKES HEALTHCARE



1

2

3

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Pharmacy assistant name:

Pharmacy address (and branch no. if applicable):

Post code:

## Lips - Tooling Application

This season's dark coloured mouth requires precision application. Aimee Adams explains: "With strong colour you need to lock in colour. To achieve this, follow these easy steps:

- Put a dab of foundation on your lips to create a base for lipstick.
- Using a very sharp lip pencil, outline the lips and then fill in the entire lip with pencil. To ensure the pencil is firm enough, you can try popping it in the fridge for a few minutes beforehand.
- Use a lip brush to apply the colour as it gives more accurate application than the lipstick tip – important with this season's strong shades.
- 'Fix' the lipstick by blotting carefully on a piece of one-ply tissue, then use a powder puff to carefully blot a fine layer of powder over the mouth.
- With matte tones you can add a touch of gloss by dabbing some lip balm over the lips, but do keep it away from the edges to avoid colour-bleeding.

(£15.50), Clinique Cheek Base in Subtle Blush (£10)

### Long-lasting lippy

The biggest story with lips this year is the enhanced-wear lipstick. New technology means that virtually every make-up range, from the mass-market to the more exclusive, has launched lipsticks with colour-releasing particles making frequent re-application a thing of the past.

Also high on the agenda is non-transferable colour, which promises not to leave lip prints on cups or collars.

For the evening, the must-have colours are deep plum and chocolate, and the colour of the season is Christian Dior's Rouge Collection lipstick in Plum Invention No 986 (£12.50).

- **Product Check:** Colour Fast Lipsticks Lancome Rouge Idole (£13.50), Revlon Colourstay Lip liner (£6.95), Christian Dior Rouge Incorruptible (£12.50), Givenchy Rouge Couture Pourpre Double Velours no 316

### It's a hair affair

The transition from smart daytime hairstyles to evening looks couldn't be easier – clips, pins and combs are all fair game.

- **Big on the catwalk and easy to perfect anywhere is the Fan, where long or shoulder length hair is simply twisted from the nape of the neck, then pinned along the back of the head as far as the crown creating a 'fan' of wisps and tendrils.**
- **With short crop and cuts, revitalise the style by spraying lightly with a water spray, then work through a ten pence blob of mousse and tousle it through**

Picture courtesy of Pantene Pro-V



Picture courtesy of Kandoo Cosmetics

# Christmas is coming and t

*Christmas is a time for eating, drinking and being merry so it's hardly surprising that it's also the peak buying time for indigestion remedies. Consultant pharmacist Mary Allen guides us through the causes of indigestion and its treatment*

Traditionally associated with peace on earth and goodwill towards men, Christmas is also, unfortunately, a time for over-indulgence, which can wreak havoc on the digestive system. The traditional goose has now been largely replaced by the leaner, less rich, turkey as the seasonal bird, but the tendency to overeat, party until dawn and have too much booze can take their toll.

can take them too. For most people, indigestion may be an occasional hazard explained by overeating or drinking and is easily remedied. Some people, however, may suffer frequent indigestion no matter what they eat.

## Digestive insight

Before we look at treatments and advice for indigestion, we need to understand what happens when we eat and drink. Digestion is the term used for the breakdown of food into the substances needed by the body to make it work properly.

It starts in the mouth where food is partially broken down by chewing. Food is mixed with saliva, containing a special enzyme, which starts to break down starch. Saliva also moistens food and makes swallowing easier.

Swallowed food passes down the oesophagus (food pipe) into the stomach. At the entrance to the stomach is a ring of muscles (a sphincter) which acts as a valve to keep the food in and to help stop it passing back up into the oesophagus. This is important as the stomach contains a lot of acid and enzyme-



Collage created by Tony Lamb

containing juices. These are produced by the actions of eating and drinking, and even by just thinking about food. These digestive enzymes and acid continue to work on the food breaking it down further, before it passes through another valve into the small intestine where the chemicals from the broken down food are absorbed.

## What is indigestion?

If customers complain of indigestion, or dyspepsia, it is important to understand exactly what they mean – the term can cover a whole range of symptoms, from feeling bloated to being sick. So, always ask customers to describe their symptoms fully. Sometimes potentially serious conditions may appear as indigestion, so if customers are frequently

buying indigestion remedies, it is important to advise them to see their doctor for further investigation.

Occasional indigestion may be caused by a number of things. It may be due to excess acid in the stomach, which can irritate the lining. If the stomach is too full, or if the valve isn't working very well, then some stomach contents may reflux (pass back) into the oesophagus, which doesn't have the same protective lining as the stomach, and this can be painful. Greasy foods, smoking and alcohol can all reduce the effectiveness of the valve and fatty foods tend to stay in the stomach longer, causing more acid to be produced. Spicy and acidic foods may irritate the oesophagus, causing a burning sensation.

Rushed meals can take their toll – not chewing food well can cause discomfort. Often air is swallowed when eating is hurried – this causes flatulence or wind, which can cause a bloated feeling. People who are constantly rushing around and not relaxed at meal times are often further affected by tiredness and stress, and this can make symptoms worse.

Some medicines such as aspirin and ibuprofen, and iron preparations, can cause indigestion by irritating the stomach lining. Medicines known to do this should always be taken with or immediately after food.

## Ask the questions?

When customers ask for indigestion remedies, find out first what they mean. Remembering the WWHAM

# The goose is getting fat...

## Box 1: Advice for dyspepsia (indigestion) sufferers:

Most people can avoid or reduce dyspepsia (indigestion) by simple changes to diet and lifestyle, particularly by avoiding over-indulgence in alcohol and rich fatty foods. Other helpful tips:

- Keep to regular, relaxed mealtimes – rushed meals are a recipe for disaster.
- Avoid food known to be culprits e.g. coffee, spicy food or very acidic foods such as pickles.
- Smoking may make matters worse. Customers should be encouraged to give up – tell them to take it a day at a time and to come back and let you know how they are doing. Familiarise yourself with the products used to help with smoking cessation and recommend their use if appropriate.
- Avoid medicines known to cause irritation where possible – e.g. paracetamol is easier on the stomach than aspirin or ibuprofen.
- Being overweight doesn't help. Losing weight will help reduce indigestion.
- Exercise helps as it improves gut activity, as well as reducing stress and reducing excess weight.
- All solid medication (tablets and capsules) should always be swallowed standing or sitting upright, with a full glass of water (except those which must be sucked or chewed).
- Heavy meals are best avoided in the evening – allow at least two hours before going to bed.

questions, you should find out what the symptoms are, and how long and how often the customer has been suffering. There is a difference between an attack caused by overeating and frequent symptoms which may indicate something more serious. Ask whether the customer has already taken anything for the problem, and whether they are taking any other medication.

It's helpful to know whether the customer is pregnant. Indigestion is common in pregnancy – the baby creates pressure on the stomach causing discomfort and sometimes reflux into the oesophagus. The hormonal changes during pregnancy can also affect the valve at the top of the stomach making it less effective. Not all indigestion remedies are suitable for pregnant women, though.

### OTC options

Medicines used to treat indigestion work in various ways. Some help to neutralise the stomach acid, others to reduce the amount of acid produced. Other medicines work by breaking up and releasing wind, while yet others act as 'rafting' agents, which form a protective layer over the stomach contents preventing reflux back into the oesophagus.

● Antacids are salts which help to neutralise the stomach acid. There are a great many products on the market and they usually

contain aluminium, magnesium, calcium or sodium compounds such as magnesium or calcium carbonate, or sodium bicarbonate. Have a look at the labels on the products you stock in your pharmacy and see which products contain which salts – some will contain more than one.

Aluminium compounds can be constipating while magnesium compounds may do the opposite so they are often combined to counteract each other's side-effects (eg Maalox). Avoid selling aluminium compound-only products to customers who already have a tendency to constipation or who may be taking prescription medicines which might cause constipation, such as some pain killers or some antidepressants.

Pregnant women are better avoiding antacids with a high sodium content as this can affect their blood pressure. Anyone with blood pressure problems or kidney disease should not use products with a high sodium content such as sodium bicarbonate. Constipation can often occur in pregnancy so taking an

aluminium-only containing antacid can make this worse.

Antacids can be effective for occasional use but customers should not rely on them for frequent use. Sometimes a vicious circle can arise – the antacid neutralises the acid so the stomach may produce more to compensate. More antacid is needed to counteract the acid and so on. With calcium salts this can result in too much calcium in the blood, causing nausea and other problems including depression.

Antacids work best when taken one to three hours after meals, rather than immediately after food. They can interfere with other medicines, affecting their absorption, so they shouldn't be taken at the same time.

● Deflatulents. Dimethicone, simethicone and peppermint oil all act as deflatulents, helping to release trapped gas, reducing feelings of bloatedness. Products such as Wind-eze, Asilone and Maalox Plus contain this type of medicine as one ingredient.

● Alginates. Rafting agents are used for heartburn. The products usually contain alginates which float on top of the stomach contents providing a physical barrier against reflux into the oesophagus. Products such as Gaviscon and Tagamet Dual Action Liquid combine an alginate with antacid and H2-antagonists respectively to tackle the symptoms in various ways.

Most products are available as tablets or liquids. Liquids act more quickly and are thought to be more effective, but some customers prefer the convenience of tablets. A compromise would be to take liquid medicine in the morning and evening but use tablets while out and about.

### And so to H2s

Newer medicines for

## Box 2: Types of medicines used in indigestion:

- Antacids such as sodium, aluminium, magnesium and calcium salts
- Rafting agents such as alginates
- Deflatulents to break up wind such as dimethicone, simethicone and peppermint oil
- H2-antagonists e.g. cimetidine, famotidine and ranitidine

dyspepsia include the H2 antagonists such as cimetidine, famotidine and ranitidine found in Tagamet, Acid-Eze, Pepcid AC, and Zantac 75.

They work by reducing the amount of acid produced in the stomach and although they take longer to work than antacids, their effects last longer. These medicines are also used in higher doses on doctors prescription to heal ulcers, but were deregulated in recent years as they were found to be safe and effective in lower doses for short treatment periods for dyspepsia, heartburn and hyperacidity.

Customers must always follow dosage instructions and should not take them for more than two weeks – anyone needing more after this period of treatment should be referred to the doctor to make sure they aren't suffering more serious conditions such as stomach or duodenal ulcer. Cimetidine is also used for night-time heartburn and in combination with sodium alginate as Tagamet Dual Action for heartburn associated with acid reflux.

Cimetidine can interact with some other drugs such as anticoagulants, some drugs for epilepsy and with theophylline used for asthma so make sure you ask the patient if they're taking any other medication. The manufacturers also recommend caution when used in elderly people or people taking non-steroidal anti-inflammatory drugs.

None of the OTC H2 antagonists should be used in children under 16 or by pregnant or breast-feeding women.

### The final word

Talk to your pharmacist about the best approach to indigestion treatments in your pharmacy. You could suggest working together to produce a protocol for the sales of indigestion remedies, if your pharmacy doesn't already have one in place.

And remember that the best advice is to persuade people to look at lifestyle changes – this will help to prevent indigestion from occurring at all.

# Meeting your requirements?

**Sarah Purcell**  
identifies people  
likely to benefit  
from  
supplementing  
their diet with  
particular vitamins,  
minerals or food  
supplements

The idea of everyone taking the same multivitamin supplement is long out of date. Today's nutritionists believe that it's important to first recognise your own dietary needs, then to choose appropriate supplements if necessary.

The manufacturers of vitamins and minerals have embraced this new way of thinking, not least because it represents a huge marketing opportunity. In the past few years we've seen a wave of specific supplements aimed at different groups of people: vitamins for children, teenagers, menopausal women, pregnant women, menstruating women, people under stress and the elderly.

While the arguments go on among the medical profession about whether normal healthy people who eat a balanced diet 'need' any kind of dietary supplement in pill form, most experts will agree that certain groups of people do benefit from taking supplements.

## Just a balanced diet?

While many doctors and nutritionists believe you can get all the vitamins and minerals you need from food, the fact remains that many people don't eat a well balanced diet. The British National Food Survey revealed that the average Briton is deficient in eight out of 13 vitamins (B in particular) as well as zinc, iron and magnesium.

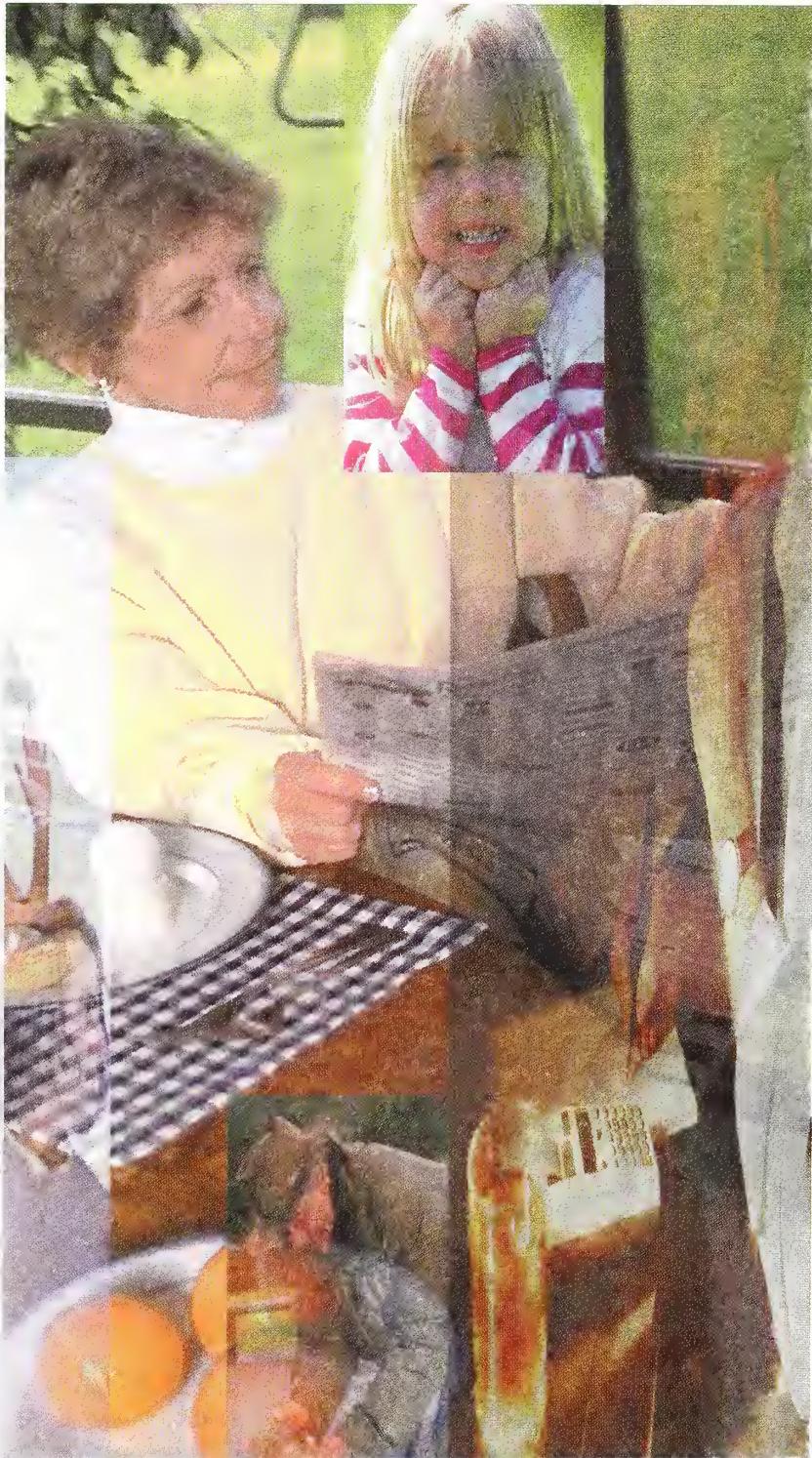
There are many reasons for this. Food undergoes more processing and storing than before, which can deplete vitamin content, while hectic lifestyles mean that many reach for the microwave meal on a daily basis. Many believe that

food itself is less nutritious than it used to be, with high-tech farming methods resulting in crops that are less vitamin-rich. Others blame the effects of pollution for poor quality food.

And if the food itself isn't to blame, then our 20th century lifestyles may be. Stress reduces the levels of B vitamins and vitamin C, as does smoking and drinking, while tea and coffee prevent

proper iron absorption. Many women's obsession with achieving the perfect body through intense exercise is seldom matched

Continued from p25 ▶



Collage created by Jamie Lamb

# Help her on the road to recovery



By recommending Effico, you can help customers to regain the vitality lost after illness, and bring the colour back to their lives. Effico is the only tonic available over the counter that contains an appetite promoter as well as vitamins B1 and B3, and a "pick-me-up". Just the thing for customers recovering from illness, or those simply feeling tired, listless or run down.

## Recommend

### Product Information

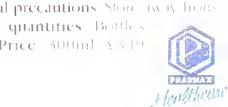
**Presentation** Each 10ml contains: Vitamin B1 (Thiamine Hydrochloride Ph Eur) 0.36mg Vitamin B3 (Nicotinamide Ph Eur) 1.20mg Caffeine Ph Eur 40.0mg. This product also contains Gentian. **Uses** As a tonic to help combat the depressing effects that occur when tired, listless and run-down after a weakening illness or hospitalisation. **Dosage and administration** Adults: 10ml three times a day. Children (over 6 years) 2.5ml or 5ml. Take immediately before meals (three times a day). Children (under 6 years) Not recommended. **Contra-indications** Hypersensitivity to ingredients.

**Warning** Not to be used in pregnancy and lactation. **Pharmaceutical precautions** Store away from direct sunlight in a cool place. **Legal category** OTC. **Package quantities** Bottles of 300ml and 500ml. **Product Licence Number** 0108 5013. **Price** 300ml £3.19 500ml £3.51 (RSP).

Pharmax HealthCare Ltd, Bourne Road, Bexley, Kent DA5 1NN

**Date of Preparation** October 1996

 Pharmax HealthCare Ltd, Bexley, Kent, England



# The solution for constipation

Constipation is a common and uncomfortable problem whenever it strikes and those who suffer need effective and gentle relief. Sufferers may complain of acute and sudden constipation requiring a fast-acting laxative; or of chronic, recurrent bouts of constipation which call out for maintenance of regularity. Senokot and Fybogel, two tried and trusted brands from Reckitt & Colman, can offer the solution to constipation, or the on-going maintenance of regularity.

## Why do people become constipated?

- lack of dietary fibre – perhaps through eating too many ready-made or takeaway meals
- insufficient fluid intake leading to dehydration – which can affect regularity



### Fybogel Essential Information

**Indications:** Conditions requiring a high-fibre regimen, eg relief of constipation and maintenance of regularity. **Dosage and Administration:** (To be taken in water) Adults and children over 12. One sachet morning and evening. Children 6-12 years. Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years. To be taken only on medical advice. **Contra-indications, Warnings, etc:** Fybogel is contra-indicated in cases of intestinal obstruction, faecal impaction and colonic atony. **Active Ingredient:** Each sachet contains 3.5g Ispaghula husk BP and also contains aspartane. **Legal Category:** GSL. **Method of sale:** Through registered pharmacies. **Retail Price:** At June 1995 10 sachets, £1.55. **Marketing Authorisations:** Fybogel 0063/0023, Fybogel Orange 0063/0026, Fybogel Lemon 0063/0024. Reckitt & Colman Products Ltd, Hull HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, Fybogel Lemon, and the sword and circle symbol are trademarks. **Date of preparation:** 29/4/96.

### Senokot Essential Information

**Active Ingredients:** Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of syrup contains standardised senna extract equivalent to 7.5mg total sennosides. Each 5ml (2.73g) spoonful of chocolate granules contains standardised senna equivalent to 15mg total sennosides. **Indications:** Relief of occasional or non-persistent constipation. **Contra-indications:** In common with other laxatives Senokot should not be given when undiagnosed acute or persistent abdominal pain is present. **Further Information:** Senokot is colon-specific. Senokot syrup and granules contain sugar. Senokot tablets are sugar-free. **Dosage and Administration:** Adults and children over 12 – 2 tablets in 24 hours, or 2x5ml spoonfuls of syrup, or a level 5ml spoonful of granules, taken at night. Children 6-12 1 tablet in 24 hours, or 1x5ml spoonful of syrup or a half 5ml spoonful of granules taken in the morning. Children under 6, consult your doctor. **Tablets:** 20 Tabs, £1.21, £0.29, 100, £3.75. Syrup, 100ml, £2.43. Granules, 100g, £3.46. **Marketing Authorisations:** Senokot tablets 0063/5000R, Senokot syrup 0063/5003R, Senokot granules 0063/5002R. **Holder of Marketing Authorisations:** Reckitt & Colman Products Ltd, Danson Lane, Hull HU8 7DS, from whom further information is available. **Legal Status:** Senokot Tablets 100s, P, 20s and 60s, GSL. Senokot Syrup 500ml, P, 100ml, GSL. Senokot Granules 500g P, 50g and 100g, GSL. **Method of sale:** through registered pharmacies. **Date of preparation:** 1/6/96. Senokot and the sword and circle symbol are trademarks.

However, in cases of recurring mild constipation and for the on-going maintenance of regularity, a fast-acting laxative will not be the best treatment. A natural fibre supplement, such as Fybogel, works gently with the body to maintain on-going regularity.

Fybogel contains ispaghula husk, one of the richest known sources of natural fibre. It is available in individual sachets of granules that are mixed with water to make a pleasant-tasting orange- or lemon-flavoured drink. When taken twice a day, Fybogel provides approximately 30 per cent of the recommended daily amount of fibre and can therefore be taken as a restorative remedy for recurrent mild constipation.

So for the treatment of acute bouts of constipation and the on-going maintenance of regularity, Senokot and Fybogel can offer the solution. Senokot offers rapid relief of occasional, short-term constipation, while Fybogel is able to maintain regularity on an on-going basis.

the senna plant and works gently with the body to aid acute constipation.

Constipation is a colon-specific problem. Senokot is active only in the colon and, as such, it avoids problems sometimes associated with other stimulant laxatives which are not colon-specific; for example, gripping pains in the stomach or small intestine.



Senokot and Fybogel are trademarks. Always read the label.

## Win! Win! Win!

We are giving away 100 Senokot cool bags to help you through the tough winter months in the pharmacy. To enter the draw, just answer the following questions, fill in your details and forward to:

OTC/Senokot/Fybogel Competition, *Chemist & Druggist*, Miller Freeman Professional, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

Q Short-term constipation can be treated with Senokot. What is the active ingredient of Senokot?

A.....

Q What product will help to increase fibre intake and maintain regularity?

A.....

Name.....

Pharmacy.....

Address.....

### Competition Rules

1 This competition is open to pharmacy assistants only. It is not open to employees of Reckitt & Colman Products or Miller Freeman, their families, or their agents. 2 All entries must be sent in on the above coupon, no duplications or photocopies will be accepted. 3 The first 100 entries pulled from the prize draw will receive a Senokot cool bag. 4 All entries must arrive before 15/12/96. 5 The winner's identity will be available from Reckitt & Colman Products Ltd. 6 The judges' decision is final, and no correspondence will be entered into. 7 It is a condition of entry that the copyright of all entries shall belong to Reckitt & Colman Products Ltd. 8 Entries will not be returned and may be used in post-event publicity.

## Continued from p22

with an appropriate diet – in fact, many will try to cut calories at the same time, leaving their bodies short of nutrients.

### Benefits

It is generally agreed that certain groups of people can benefit from supplements and these include:

#### ● Pregnant women

The Department of Health recommends that all women planning a baby take a 400mcg supplement of folic acid daily from when they start trying to conceive until the 12th week of pregnancy. This is to reduce the risk of neural tube defects, such as spina bifida, in the baby. It's important that women take folic acid before conception to maximise the effect – many don't think about taking it until the second or third week of pregnancy, which may be too late.

Anaemia is common during pregnancy, and many women will be prescribed iron supplements and advised to eat more fruit and vegetables, as vitamin C aids iron absorption. Pregnant women used to be advised to eat plenty of liver, which is rich in vitamin A, but it is now thought that high levels taken in pregnancy may harm the baby.

#### ● Children

Vitamin A, C and D drops are recommended for breastfed babies from six months, while they are given to all babies from 12 months whose main drink is cow's milk, or if they consume less than 500ml of formula milk a day. Drops are continued until at least two years, when the child should be getting a well-balanced diet, or until five years if they are a faddy eater.

There have been cases of rickets among Asian children (girls in particular) who don't spend enough time outside, and a vitamin D supplement would be advised in these cases. The most common deficiencies in children are iron and vitamin C, while many don't get enough calcium, vitamin E or zinc.

#### ● Elderly people

For those who spend most of their time indoors, a vitamin D supplement may be recommended.

Many elderly people don't eat enough fruit and vegetables, so a vitamin C supplement will be helpful, and perhaps a fibre supplement if they suffer from constipation.

Our ability to absorb calcium decreases with age and is important to maintain strong bones. A supplement may be recommended, particularly if there is a risk of osteoporosis.

● Vegetarians and vegans These individuals may be lacking in vitamin B12 and iron, which are mainly found in meat and dairy products, so a supplement of these may be helpful.

If dairy products are being excluded from the diet, a calcium supplement is a good idea. For vegans, an additional supplement of B12, iodine and selenium may be helpful.

● Smokers and drinkers Many studies have shown that alcohol and tobacco destroy vitamins, in particular the anti-oxidants A, C and E. An anti-oxidant supplement is recommended.

#### ● People on long-term medication

Those on long-term drugs for conditions such as heart disease and arthritis, on steroids or taking the Pill may need extra vitamins.

Vitamin E and fish oil are thought to be beneficial for heart problems, while women taking the Pill will benefit from a B6 supplement.

### Maybe baby

Other groups of individuals who might benefit from supplements include the following:

● Many women suffer from pre-menstrual problems, due to the imbalance of hormones during this time. Evening primrose oil is thought to have a regulating effect on the hormones, and many women find it helps relieve some of their symptoms.

Women who lose a lot of blood may also benefit from an iron supplement, while tiredness may be helped by taking magnesium.

● Reduced levels of oestrogen during the menopause cause many problems, most commonly hot flushes, sweating, vaginal dryness, insomnia, headaches and weight gain. While HRT helps many women, some are unable or unwilling to use it. For such women, a calcium supplement combined with increased exercise is important to help prevent osteoporosis.

Evening primrose oil may help to correct hormone imbalance, while vitamin E can improve hot flushes.

● Studies of the diets of teenagers have found that few eat enough fibre, while

up to 50 per cent of girls are deficient in iron. A multi-vitamin supplement may be helpful, particularly one that includes vitamin C and iron.

### Nutritional therapy

Nutritional therapy is the use of dietary supplements to combat health problems including asthma, eczema, arthritis, migraine, sinusitis and irritable bowel syndrome. Many studies are being carried out, looking at further health benefits for supplements. Here are some of the latest findings:

● The first large-scale double blind trial on vitamin E supplements was carried out at Cambridge University and results published earlier this year found a 75 per cent decrease in death or heart attack in a group of 21,000 patients with heart disease who took the supplement.

Vitamin E was found to prevent blood clots forming in the arteries and helped to dissolve existing clots. It also increases the blood supply of oxygen, enabling the heart to pump more effectively.

● Vitamin E supplements have also been found to help infertility problems in men and can reduce attacks of angina in sufferers.

● Selenium has been found to help improve pain in rheumatoid arthritis sufferers. In a recent study, joint pain was reduced in 75 per cent of women treated with the supplement. The researchers recommend its use in conjunction with conventional treatment such as non-steroidal anti-inflammatory drugs.

● American studies have found that taking a calcium supplement during pregnancy can reduce blood pressure and so lessen the risk of pre-eclampsia.

● Many studies are being carried out into the benefits of the anti-oxidant vitamins C, E and beta-carotene, in particular their role in helping to prevent diseases linking with ageing. Their strength lies in their ability to combat the activity of harmful free radicals which can cause cell damage.

Some research indicates they may play a part in preventing some cancers, heart disease and cataracts.

● Fish oils, and cod liver oil in particular, can benefit many conditions, including heart disease, arthritis, eczema and acne. The important ingredients are the Omega-3 essential fatty acids.

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# A likely story

*Many pharmacies sell homoeopathic medicines, but do you know much about them?*

**Charles Gladwin** relates the story of homoeopathy and examines the reasons why many people believe it just cannot work

You may have heard that homoeopathy is a system of medicine in which 'like treats like'. Its name is derived from the Greek - 'homoeo' meaning 'like, similar' and 'pathy' meaning 'suffering, feeling'.

You may also have heard many people, including your pharmacist, say that homoeopathy cannot work because there is nothing in the tablets or pills. However,

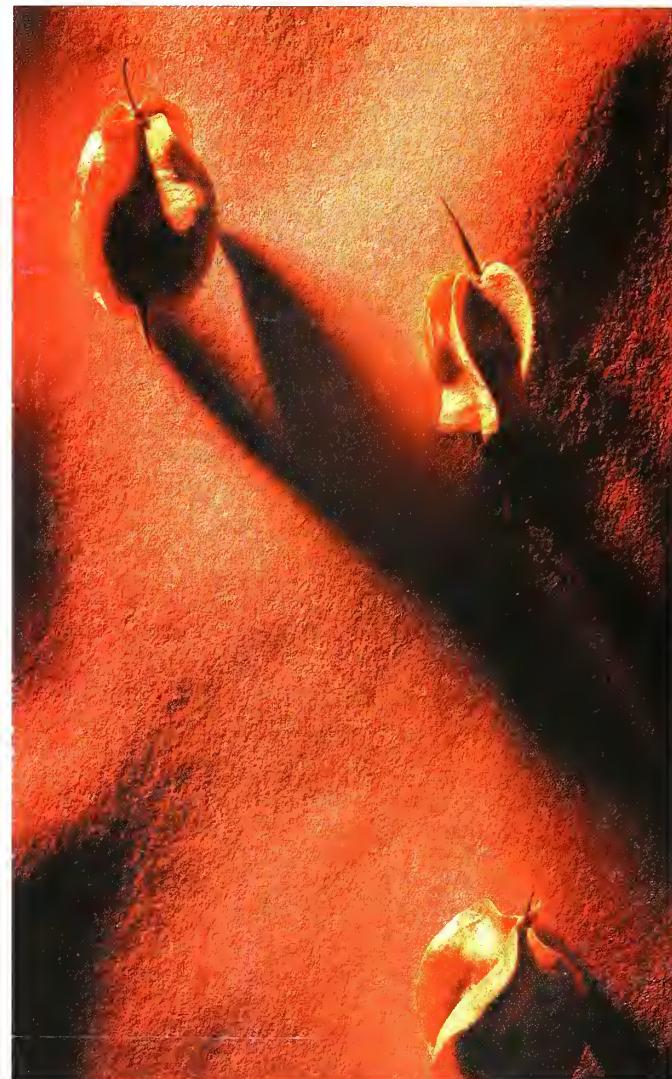
for over 200 years, people have been taking homoeopathic medicines and reporting success. Users include the present Royal Family.

## Origin of the species

The origins of homoeopathy lie in the 18th century. A German doctor, Samuel Hahnemann, noticed that when healthy people were given the powdered bark of the cinchona tree, a malaria treatment, they developed feverish symptoms similar to malaria.

He found other drugs also cause disease-like symptoms in healthy people without causing the actual disease. Belladonna, or deadly nightshade, causes symptoms like scarlet fever; onion causes the cold-like symptoms of watery eyes and a runny nose. Other drugs can affect mood or behaviour.

This got Dr Hahnemann thinking - perhaps symptoms of a disease are



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the body's way of fighting a disease. By giving a drug that mimics those symptoms, the body may be further stimulated to fight the disease. This forms the basis of the Law of Similars or 'like treating like'.

Dr Hahnemann experimented with lots of different drugs, giving them to healthy people to see what symptoms would be produced. He found that the symptoms reproduced in different people were always the same for a certain drug. He called this process 'proving' a medicine.

When patients came to see the doctor with an illness, he would assess all their symptoms and then refer to his list of provings. In this way, he could prescribe the drug which most carefully matched the patient's symptoms, and so cure the patient.

## Increasing potency

However, Dr Hahnemann noticed that sometimes, instead of the drug making the patient better, the symptoms got worse. To overcome this, he diluted the drug to reduce the side-effects. When he did this, he found that although the drug was being given in a smaller amount, the curing effects were even stronger. The dilution had increased the power or 'potency' of the drug.

This potency could be multiplied hundreds and hundreds of times by repeatedly diluting a sample. A ten fold or 'decimal' dilution using an inactive substance, such as lactose if using a powdered plant, or water or alcohol if using a liquid extract, gave the medicine a ten-fold or 1D potency. A one in a hundred dilution gave a



centesimal or 1C potency, ten times stronger than the decimal potency.

Today, the most potent preparations made are of the order of one part in 10 (200) (a 1 followed by 200 noughts), which is a 100C potency. However, the most common preparations used tend to be 6C and 30C.

This dilution to greater potency is where many scientists, especially pharmacists, have a problem. They are taught that the larger the amount of a drug given to a patient, the greater the effect on the patient tends to be. By diluting the medicine, you should make its effects weaker – which is the reverse of what Dr Hahnemann said.

The second problem for logically-minded scientists is that when the drug has been diluted to a potency of 30C, there is little chance that a homoeopathic tablet will contain even one molecule of the drug. So how can a homoeopathic medicine work?

No-one really knows the answer, but one possible solution lies in the way a homoeopathic medicine is made. When a drug is being diluted, or potentised, it is done in a very particular way. Every time a dilution is made, the person making the dilution will either grind the drug with the lactose

(called 'trituration') or shake liquid preparations vigorously (called 'succussion'). Energy from the mixing process is believed to help pass on the shape of the drug molecule to the molecules of the diluting ingredient. In this way, the power of the drug is kept in the mixture, even if the mixture is so dilute there are no drug molecules there.

Another theory is that homoeopathic medicines work in a similar way to vaccines, that is introducing the disease in a controlled way to stimulate the body's own immune system. By introducing small amounts of a drug in a homoeopathic preparation that simulates a disease, the body's defences may be boosted to fight that disease.

### A holistic approach

An important consideration is that the taking of the homoeopathic medicines is only part of the treatment. A consultation between a trained homoeopath and patient can last up to two hours, depending on the type of illness. In this time, the homoeopath will find out exactly what symptoms the patient has, including physical complaints such as aches and pains, fever, rashes, coughing or runny noses. The homoeopath will also discover a lot about the

person that might not seem connected with their illness, including the patient's history, their relationship with other people, how they feel about certain events and how they react to situations.

In this way, the homoeopath is able to build up a picture of the whole patient, not just the illness that the patient thinks they are experiencing. Then, by referring to the list of 'provings', the homoeopath is able to decide which drug(s) would cause similar symptoms in a healthy person, both physically and mentally. The most appropriate medicine can be prescribed in a potency most suitable for the severity of the illness.

You may be thinking that when a customer comes into your shop to buy a homoeopathic medicine, you do not spend two hours discussing every possible symptom with them before recommending a product. That is because the products on general sale are made from those drugs that have a sufficiently wide range of actions to suit the majority of individuals.

### What's in a name?

Traditionally, the names of

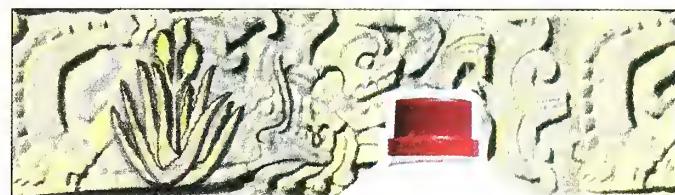
many of the preparations are in Latin, which can make remembering which one to recommend for which illness even harder. The Latin name refers to the original ingredient which has been diluted. This can be animal, vegetable or mineral.

For example, *Apis mellifica* is made from powdering dried bees. Not surprisingly, this can be used to treat insect stings. It may also be appropriate for treating abscesses where there is swelling and redness and a sharp pain, like an insect sting.

Similarly, *Urtica urens*, the nettle, may also be used for treating stings. *Natrium muriaticum* or salt, because it is found in tears, is recommended for patients suffering from the ill-effects of grief or bright.

But whatever is in the medicine, there are still those who say that homoeopathy is all in the mind, that the tablets are just sugar pills having a placebo effect.

If that is the case, how can they explain how animals have been seen to get better after being given homoeopathic treatments?



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# Personal Effectiveness



In the first of a two-part series, *Diane Bailey* looks at personal effectiveness – what it is, what benefits it offers you and your pharmacy, and how to achieve it

Being a successful member of your pharmacy team demands a number of things from you. You need to:

- understand your customer and their needs
- know your colleagues and work effectively with them
- know the regulations affecting prescriptions and drugs
- offer advice and support to customers
- sell and explain OTC merchandise
- set up and maintain displays
- many other tasks and responsibilities.

Doing these things will make you a useful member of your pharmacy. You will, however, want to be more than just average. An element that helps distinguish the good from the average is that of personal effectiveness.

But what is it? Personal effectiveness is a combination of factors, which mean

that not only are you good at your job but you are seen to be good, and want to get better at your job. The factors involved include:

- Personal commitment
- 'Can do' attitude
- Openness to new ideas
- Objectivity

## Commitment

'Personal commitment' is a fairly loose term and can be interpreted in a number of ways. There are two key factors:

### ● Personal Commitment to the Pharmacy

*Your commitment to your pharmacy, what it stands for, and your readiness to support it in every way.*

Your pharmacy has objectives and a set of values. The objectives define the various milestones or goals by which the pharmacy's ability to deliver is measured. The values define the culture, i.e., what the pharmacy believes to be appropriate and inappropriate behaviours or attitudes in the workplace.

Everyone in your pharmacy has a role to play in meeting its objectives. Individual jobs, roles and responsibilities need to be seen in the context of what they contribute to the business as a whole, and not just in terms of the immediate task to hand.

### ● Personal Commitment to the Job

*Your commitment to your own role and work within the pharmacy, and your readiness to do what is necessary to get the job done effectively.*

In terms of your work you have a responsibility to:

- fulfil the requirements of the job to the best of your ability

- meet performance targets
- recognise personal strengths and seek opportunities to use them to full advantage

- recognise personal weaknesses and seek whatever support and help may be needed to overcome them
- recognise how your job impacts on others in the pharmacy, and do whatever is necessary to ensure that the impact is a positive one.

## Perceptions vs reality

It is important that you feel personally committed to your work and to the pharmacy, but it is equally important that you are seen to feel this way. One of the intentions of this article is to concentrate on how your commitment to both job and pharmacy might be positively shown to others who work with you and your pharmacist. The difficulty lies in finding ways of doing this which are quantifiable and measurable.

Your personal commitment is something which is internal to you, it is part of

your attitudinal self. Attitudes can only be measured by others, by the way you are seen to behave.

To show personal commitment, therefore, in a way that is real to others, it is important to concentrate on developing and using certain behaviours at work. The consistency with which you demonstrate the right kinds of behaviour will reinforce the view, held by others, that the behaviour used show your real thoughts and feelings.

## Showing commitment

You can show commitment by:

- actively seeking opportunities to help others develop in areas where you have particular strengths
- using planning, time management and prioritising tools and techniques to make the most effective use of time and other resources
- identifying personal weaknesses and seeking to develop yourself in these areas
- taking time to talk to your internal customers to find out about their needs
- ensuring you are familiar with the pharmacy's objectives and discussing these with colleagues.

## Self-responsibilities

Striving for personal effectiveness means that you have a responsibility to yourself. You need to make sure that:

- you take personal development opportunities as they are offered
- you are ready, fit and able to perform effectively.

Your development and effectiveness is as much your responsibility as that of your pharmacist and colleagues.

## 'Can Do' attitude

In general terms, 'can do' people are perceived as the shakers and movers within a business – the ones who get things done. 'Can do' attitude basically means being positive, constructive and optimistic in your outlook. 'Can't do' attitude is the exact opposite, and is negative, destructive and pessimistic. These two viewpoints can be defined as opposing approaches to problem solving, as shown in Box 1.

'Can do' attitude is vital in situations where change is

taking place. 'Can't do' attitude inhibits your ability and that of your pharmacy to manage change effectively. It also affects how you are perceived by others in the organisation – as someone who is supportive of change, or as someone who constantly seeks reasons to abdicate from responsibility.

## Reactions to change

Change is something that everyone finds threatening to a greater or lesser degree, because it requires us to move away from a status quo with which we personally might have felt entirely comfortable. Change also involves an inherent element of risk, and this makes us feel uncertain and insecure about the future. 'Can't do' attitude evolves from the fears and concerns we might have, as these interfere with our ability and willingness to embrace the change and cope with it.

Understanding your own reactions to change, and how these reactions show in the workplace, will increase your ability to deal with change in a positive way. The curve above illustrates the attitudinal shifts which you and others may go through as you learn to deal with a particular change.

### 1. The first stage is Rejection, i.e. a refusal to admit that the change is necessary.

Indicators can include:

- verbal statements of denial and disbelief, e.g "You're joking!", "You can't be serious!"
- looking for someone to blame.

### 2. The second stage is Disproving, i.e. attempts to collect evidence and objections to disprove the need for change. Indicators include:

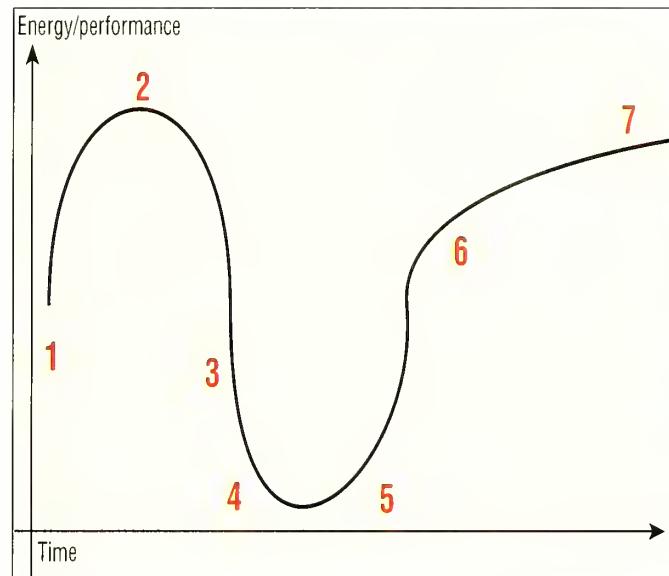
- rallying round. Seeking support for your views
- defensive behaviours, i.e. a strong resistance to any evidence in support of the change.

### 3. The third stage is Frustration, i.e. anger and resentment that the change is continuing in spite of us. Indicators include:

- petulance, sullenness, frayed tempers
- snide remarks and destructive statements aimed at the change and the people who support it.

### 4. The fourth stage is Depression, i.e. when the realisation hits you that there is nothing we can do to prevent the change happening. Indicators include:

**Figure 2. Energy/performance diagram**



### Box 1

#### 'Can do' Attitude

- Able to think laterally around problems
- Responds rationally to problems
- Looks for solutions
- Confronts problems
- Sees problems as challenges
- Seeks out what's good, in both people and situations
- Able to manage stressful situations

#### 'Can't do' Attitude

- Can't or won't see beyond problem
- Responds emotionally to problems
- Looks for problems
- Creates problems
- Sees problems as obstacles
- Seeks out faults, in both people and situations
- Unable to cope with stressful

- gloom and doom, general pessimism
- clock watching and apathy.

### 5. The fifth stage is Acceptance/Readiness, i.e. a willingness and ability to start to come to terms with the change. Indicators include:

- willingness to listen
- co-operation and desire to please.

### 6. The sixth stage is Learning/Adaption, i.e. increasing ability to accommodate the change and to run with it.

Indicators include:

- strong inclination to seek guidance and support from those who are already committed to the change
- positive outlook
- problem solving rather than problem seeking
- actively seeking feedback

### 7. The seventh and final stage is Internalisation, i.e. what was a change has been fully accepted and become the norm. Behavioural indicators include:

- renewed confidence and high energy levels
- generally cheerful behaviour in the workplace.

Stages 5-7 of this process are where a 'can do' attitude

is most strongly in evidence. The key is to recognise what's happening in stages 1-4 and to take steps to counter the wrong behaviours and to be more positive.

### Positive talk

People who are personally effective make conscious use of 'Can do' or positive talk at work. They avoid negative or 'Can't do' talk when faced with a problem or demand.

### Confronting problems

Effective people do not run away from problems and difficulties. A problem

### Box 2

#### 'Can't Do' (Negative) Talk

- Yes, but...
- We can't do it
- We've tried this before and it didn't work
- This is too much to cope with
- We haven't got time
- Why do I have to do it?
- The team won't like it

cannot be solved unless everyone involved can clearly see and agree what the problem is. This means being able to communicate objectively about the problem – concentrating on factors such as evidence, facts and consequences, and avoiding subjective factors like personalities, attitudes, opinions and so forth. When you first learn of or face a problem it is important not to:

- deny that a problem exists
- rush to justify yourself or offer excuses
- argue
- run away from the situation
- take the blame (solving problems is a mutual responsibility)
- say "Yes but..." (this signals that a justification or excuse is about to follow).

### Don't be defensive

Personal effectiveness means not being defensive. Defensiveness comes from a feeling of being threatened, with a need to protect oneself. The difficulty with most defensive behaviours is that they are reactive. Tempers flare and the whole situation escalates.

The important thing is to avoid immediate reaction, to keep calm and give yourself time to think. Your colleagues, pharmacist and customers have a right to express problems and issues which concern them, and you have a responsibility to listen and be open-minded about what they have to say.

In balance with this, you also have the right to explore what you are being presented with, and to decide whether or not it is a valid problem requiring some action or change on your part.

(Diane Bailey runs Diane Bailey Associates, a training consultancy in Rochdale)

● The second part of this article will appear in the January 25 issue of OTC.

#### 'Can't Do' (Positive) Talk

- Yes, and...
- Let's see how we can do it
- There must be a solution
- Let's see how we can break it down
- Let's see where we can:
- a) fit it in
- b) share it out
- c) rearrange things
- Because I have the skills and the knowledge to do it
- Let's see how we can present the benefits of doing it.

# showcase



## New chewable Pepcid AC

Pepcid AC (famotidine 10mg) is now available as a chewable, minty tablet. Johnson & Johnson MSD says the new format offers an alternative to patients who have difficulty swallowing and is the only chewable H2 antagonist available.

As well as treating indigestion, the Pepcid AC range is now licensed for use one hour before eating

when the sufferer's symptoms are known to be associated with food and drink.

Trial-sized packs, containing two tablets (£0.49) are available for a limited period to encourage sampling by consumers. A standard size pack of Pepcid AC Chewable (eight tablets) retails at £2.49.

Johnson & Johnson MSD. Tel: 01494 453694.

## Direct Action on sore throats

The latest addition to the Strepsils range of sore throat treatments is Direct Action Spray (£3.99/20ml/50 doses), an anaesthetic spray indicated for the relief of severe sore throats.

Anaesthetic lozenges and sprays are the fastest growing sectors within the sore throat market, meeting consumer demands for 'stronger' products offering fast and effective relief.

The spray, containing lidocaine, is suitable for adults and children over 12 years. The nozzle should be aimed at the back of the throat and sprayed three times to deliver one dose. This can be repeated every three hours as required to a



maximum of six doses in 24 hours.

Crookes expects to grow the throat spray sector by introducing a 'highly efficacious product with the brand heritage of Strepsils'.

• Crookes Healthcare is supporting the Strepsils brand this winter with a £2.5 million television advertising campaign, which focuses on

Strepsils Dual Action. The campaign is being shown nationally on ITV, Channel 4, GMTV and satellite at peak viewing times until February. The company expects 90 per cent of sore throat sufferers will see the advertisements an average of five times each.

Crookes Healthcare Ltd. Tel: 0115 9539922.

## J&J launch Liquid Imodium

Johnson & Johnson MSD has extended the OTC antidiarrhoeal's market by adding Imodium Liquid to its capsule range.

Imodium Liquid (90ml, £3.45), which carries a P licence, is a red fruit-flavoured,

sugar-free formulation containing loperamide hydrochloride 1mg/5ml.

The dose for adults and children over 12 is 20ml initially followed by 10ml after each episode of diarrhoea.

Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.



Cussons has launched a range of personal wash products for its Carex brand.

New Carex Body Wash (250ml, £1.99), Bath Foamwash (400ml, £2.39) and Bar Soap (125g, £0.69) will be supported by a £2 million marketing spend to include in-store promotions

and sampling.

TV and press advertising will begin in February and carry on until March.

Packaging for the range incorporates a blue design, and the Body Wash and Bath Foamwash have a flip-top caps for ease of use.

Cussons (UK) Ltd. Tel: 0161 491 8000.

## Fizzy solutions to pain

Vantage Paracetamol Antacid Seltzer tablets (24, £1.79) contain 500mg paracetamol and 1342mg sodium bicarbonate and are indicated for the relief of headache plus upset stomach as well as aches and pains from cold and flu. Codacadol Effervescent Tablets (24, £2.99) contain paracetamol (500mg) and codeine phosphate (8mg) AAH Pharmaceuticals Ltd. Tel: 01928 717070.

## Sleep easy with new Panadol Night

Smithkline Beecham has launched Panadol Night, a new pharmacy only analgesic formulated for 'bedtime pain'.

Panadol Night tablets (ten tablets, £1.95 and 20, £3.15) are designed to offer relief from sleeplessness caused by pain, such as toothache, migraine and period pain. Each tablet contains paracetamol 500mg and diphenhydramine hydrochloride 25mg.

The adult dose is two tablets 20 minutes before bedtime. It is not recommended for children under 12, unless on doctor's advice.

The launch is being supported with a £1.3 million TV campaign to begin in January. A range of display and pharmacy educational material is also available.

Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.



## Tixylix Night-time goes sugar-free

Tixylix Night-time (100ml, £2.49) is now available in a sugar-free version.

The cough mixture contains a sugar substitute - lycasin - and has a pleasant blackcurrant flavour. It is the only sugar-free variant in the Tixylix range.

Intercare Products Ltd. Tel: 01734 790345.



## New look for Germolene

Smithkline Beecham has relaunched Germolene antiseptic cream with new packaging. The new packs (£1.29-£2.09) features a first aid cross to convey the antiseptic effectiveness of Germolene and to help create

unity across the brand. The company says Germolene holds the number two position in the £11 million antiseptic market with a 27.2 per cent share. Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.

## Xpain 2000 works to expel pain

Advanced Pain Management has launched Xpain 2000, a hand-held electronic device which helps to relieve a variety of body pains.

It works through TSE (Transcutaneous Spinal Electroanalgesia). Brief electrical signals are transmitted through two electrodes placed over the spine, which work to treat the whole

body (treatment time takes about 20 minutes).

The product is completely painless, has no known side-effects and does not interfere with the effectiveness of medication.

Xpain 2000 retails at £169, is suitable for home use and does not mask acute pain. Advanced Pain Management Ltd. Tel: 01200 444449.



bacterial ingredient.

J&J is supporting the launch with a £1.5 million national advertising and education programme. Johnson & Johnson Ltd. Tel: 01628 822222.

## New lips from Australian Bodycare

Australian Bodycare has launched a new lip balm formulated to help bring relief to dry, sore and cracked lips.

Australian Bodycare Treatment Lip Balm (£3.99) contains 5 per cent tea tree oil, and acts as a natural antiseptic.

Used on a regular basis, the balm should also help to prevent cold sores from developing.

Australian Bodycare Ltd. Tel: 01892 531300.

## Fruitier Tunes

Mars Confectionery has launched new fruitier Orange and Blackcurrant Tunes (£0.36).

Fruitier Tunes have new packaging, designed to complement Tunes Original Cherry flavour.

Mars UK Ltd. Tel: 01753 550055.

## Unichem launch 'fab four' cough and cold cures

Unichem has launched four new Pharmacy only own-brand products to tie in with its healthcare theme.

They are own-brand xylometazoline decongestant nasal spray 0.1 per cent w/v (10ml, £2.89) and nasal drops 0.05 per cent children's formula (both £1.85). Own-brand decongestant tablets contain pseudoephedrine hydrochloride 60mg (12, £1.49). Unichem plc. Tel: 0181 391 2323.

## Topical relaunch for Regaine

Regaine Topical Solution 2 per cent has been relaunched with new packaging and an emphasis on how to stop hair loss. The pack is aimed at men and women and illustrates patterns of male and female hair loss, plus details on product suitability.

The launch is being supported by a £2 million TV and advertising campaign

which is running until Christmas. The theme running through the ads is 'Break a family tradition - don't lose your hair' and features both father/son and mother/daughter versions.

A range of new point of sale material has been designed and includes jumbo units for window displays. Pharmacia & Upjohn. Tel: 01908 661101.

## Icemint extends Pearl Drops' range

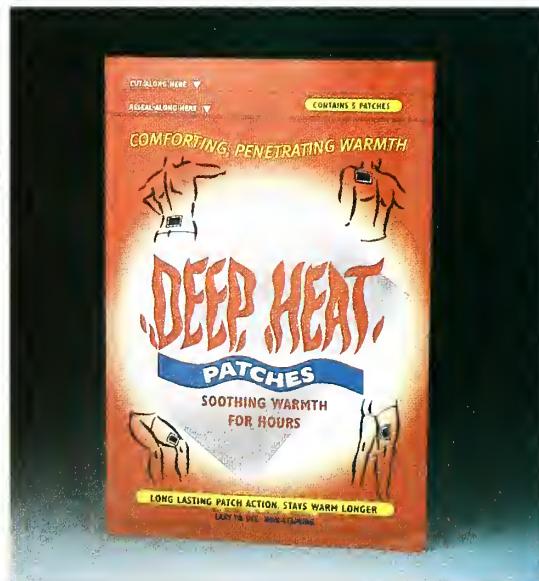
Carter Wallace has extended its Pearl Drops whitening toothpaste range with the introduction of Pearl Drops Icemint (50ml, £3.75). The new variant has a minty taste. It contains fluoride to strengthen tooth enamel and protect teeth against decay and is suitable

for everyday use.

The launch is being supported by a press and advertising campaign targeted at 16-35-year olds. Over £500,000 has been invested in advertising to support the Icemint launch as well as the current range.

Carter-Wallace Ltd. Tel: 01303 850661.

## Patching up pain



New Deep Heat patches offer an alternative means of relieving aches and pains. The patches (pack of five, £3.99) come in five resealable pouches. Each pouch is self-adhesive and made of soft cotton and wool fibre, impregnated with 3 per cent methyl salicylate.

The patch is applied by peeling off the clear plastic backing and applying the

adhesive side to the painful area. It should begin to feel warm within five minutes and continue with penetrating heat for several hours.

The promotional support package, which began this month will continue until February and includes full-page colour advertisements in Sunday supplements. Metholatum Co Ltd. Tel: 01355 848484.



## New recruit for Meltus

Seton Healthcare has added an expectorant variant to its Meltus range.

Adult Meltus Expectorant with Decongestant linctus (100ml, £2.85) carries a P licence and is positioned for the pain relief of chesty coughs and nasal congestion.

The active ingredients are guaiphenesin (100mg/5ml) and pseudoephedrine (30mg/5ml). It also

contains menthol to ease breathing. The maximum dose is 10ml three times a day.

The non-drowsy formulation is not recommended for children under 12.

There will be a consumer advertising campaign on regional and national TV for eight weeks during December and January.

Seton Healthcare Group plc. Tel: 0161 652 2222.

## A fresh alternative to oral care hygiene

Warner-Lambert is reinforcing its position in the oral care league with the launch of Freshburst Listerine antiseptic mouthwash (200ml, £1.95 and 500ml, £3.49). It has a minty taste and is formulated to be milder on the mouth.

Freshburst has new packaging and livery which helps to differentiate between the products in the range by highlighting their individual flavours and format.

Over £2.5 million has been invested in the brand. Support for the launch will include a radio campaign in January and February.



a TV campaign focusing on the entire Listerine range in January; plus sampling. POS material is also available for pharmacies. Warner-Lambert Consumer Healthcare. Tel: 01703 641400.

## New option in contraception

Persona is a new contraceptive device from Unipath which measures hormone levels during a woman's cycle to indicate when it is safe to have sex without the risk of pregnancy. During the 'risky' period the women can either abstain from sex or use a barrier method of contraception. The system is suitable for women with a 25-35-day cycle and is 95 per cent reliable.

As well as acting as a minilab the hand held monitor also has

a database where information on the woman's previous six cycles is stored. This information can then be used to get a more accurate profile of the woman's fertility patterns.

The monitor is set on the first day of the woman's period and is checked daily. A green light indicates it is safe to have sex without risking pregnancy; a red light indicates it is risky. A yellow light will appear on eight days of each month (16 days for the first month while a

databank is compiled) and a urine stick test needs to be carried out on these days to confirm risk.

The starter pack (monitor and 16 sticks) costs £49.95 and the monthly refill pack (eight test sticks) £9.95.

However, the launch is exclusive to Boots the Chemists for the first year and the heavy advertising support in the national and women's press highlights this fact (see *News pages*). Unipath Ltd. Tel: 01234 347161.

ring and foil can be put back into the container.

The Topaz range includes a blister card holding the carry case with two condoms (£3.49) and a refill pack containing six condoms (£4.99).

Support for the launch includes a press advertising campaign, which will begin in the new year with the humorous theme, 'Designed by clever dicks for clever dicks'. An editorial campaign will run in tandem with the advertising campaign. Jenks Group. Tel: 01494 442446.



## Advil has arrived

Advil, the biggest selling OTC ibuprofen brand in the US has been introduced to the UK by Whitehall Laboratories.

Backed by a £6.4 million advertising and promotional package, Advil is expected to rival the UK's leading brands of ibuprofen at the same time growing the ibuprofen share of the analgesics market.

Advil (200mg) and Advil Extra Strength

(400mg ibuprofen) come in sugar-coated tablets and various-sized blister packs: Advil (12, £1.39; 24, £2.59; 48, £4.69; 96, £7.95) and Advil Extra Strength (24, £4.69; 48, £7.89). All have P licences except Advil 12, which is GSL.

The promotional campaign includes TV, press and magazine advertising, as well as ads on the London Underground and an internet site. Whitehall Laboratories Ltd. Tel: 01628 669011.

## Festive food is gluten-free

Scientific Hospital Supplies is promoting its seasonal range of gluten-free products - 'Juvela Christmas Fare'.

Gluten-free mince pies, new-recipe Crispbread and Savoury Biscuits are available. Scientific Hospital Supplies Ltd. Tel: 0151 228 1992.

## Cow & Gate launch Organic Choice

Cow & Gate is launching Organic Choice, a new range of organic baby foods.

Varieties include: Banana & Apricot, Spring Vegetable Medley, Apple & Carrots and Apple & Banana (100g jar, £0.56). Cow & Gate Ltd. Tel: 01225 768381.

## Tubigrip Sport from Seton

Tubigrip Sport from Seton Healthcare is an elasticated tubular support bandage for the treatment of sports injuries.

The lightweight, knitted construction support bandage is designed for use immediately following a sports related sprain, strain or soft tissue injury, and during periods of rest and inactivity rather than during sport. The bandage stays in place without the need for pins or tape.

Tubigrip Sport is available in three



sizes: small, medium and large and is not area specific so it can be cut to fit different areas. The 2 m long bandage is available in white or blue, retailing at £5.25 and £5.45 respectively. Seton Healthcare Group. Tel: 0161 652 2222.

## Bronnley wraps up Christmas

Bronnley has launched a new collection of soaps, toiletries and perfumes for Christmas.

This year's collections combine a variety of gift sets.

Almond Oil is a range of gift sets varying from £2.95 for a box of fragrance guest soaps to £45 for a gift basket.

The sets are available in a selection of fragrances, including English Fern, Camellia, Pink Bouquet, White Iris, Blue Poppy and Lavender.

English Country



Herb gifts sets are presented in wooden buckets containing soaps, bath seeds and pot pourri.

Novelty Gifts comprise of a selection of animal soap shapes.

Classic is a floral and fruit fragrance with ozonic overtones.

It is available in a variety of cofrets, ranging from £19.95 to £29.95 for a set which includes a Classic hand soap, moisturising body spray and eau de toilette.

H Bronnley & Co Ltd. Tel: 01280 702291.

## Wella's flexible approach to styling

Hair care company Wella has launched Wellaflex, its new hair styling range.

Wellaflex hairsprays and styling mousse are designed to leave hair looking natural and manageable. Each product contains Betaine, a natural substance which works to lock in moisture and help prevent the hair shaft from drying out.

The range is packaged in bronze-coloured cans, and colour-coded for easy identification of the hold variants. The range consists of hairspray and mousse (200ml, £3.29), and handbag-size hairspray (75ml, £1.79).

Wellaflex will be supported by a national TV advertising campaign early next year. A PR push is already under way. Wella Great Britain. Tel: 01256 20202.

sharper, with a round window for the control and a square one for the test.

The stick has a less angular look and comes with a grip. The new packaging has also been designed to maximise impact on shelf.

Clearblue retails at £10.95 for a double test, £8.45 for a single test.

Unipath Ltd. Tel: 01234 347161.

## Clearblue gets results fast

Clearblue is now even quicker and easier to use, thanks to a £2.5 million relaunch for Unipath.

The new home pregnancy test gives a result in only one minute (previously three minutes with Clearblue One Step). The blue 'result' lines in the windows have also been made



## Ciba Vision looks to the future

Ciba Vision has opened up a new sector in the eye care market, with the launch of Vital Eyes eye 'conditioner' drops.

The eye drops (10ml, £3.49) are unlicensed and are positioned as a daily beauty product for moisturising tired and dry eyes. Vital Eyes is a non-astringent lotion, enriched with vitamins A and E.

One of two drops should be applied to each eye when needed. As with all eye drops, the pack should be discarded a month after opening. Vital Eyes should not be used while wearing soft contact lenses.

Ciba Vision is supporting the launch with a £1.5 million TV campaign breaking next February. Ciba Vision (UK) Ltd. Tel: 01489 785399.



## Rimmel starts its assault on makeup

Rimmel is offering an oval vanity-style satin beauty case containing five of its top-selling cosmetics for the all-in price of £6.99.

The case contains a mascara, an eyeliner pencil, an eyeshadow, lipstick and lip pencil.

Rimmel is also launching the Pandora Collection of face powders, blushers, eyeshadows and lip glosses.

There are three shades of face powder and blusher, and six varieties of eyeshadow and lip gloss. Rimmel International Ltd. Tel: 01233 625076.

## Iron brew from English Grains



English Grains Health-care is extending its Yestamin range with the launch of Yestamin B Complex and Iron (180 tablets - two months' supply, £2.99).

The new product combines brewers yeast with 100 per cent of the

recommended daily allowance of vitamin B, iron, and vitamin C.

Yestamin B Complex and Iron is packaged in a pot, with a tamper-proof lid.

English Grains Health-care. Tel: 01283 228300.



## Zantac's key to survival

Glaxo Wellcome is distributing its 'Seasonal Survival Plan' leaflet for Zantac 75 through pharmacies.

The educational, light-hearted consumer guide discusses key indigestion triggers and gives you tips on avoiding stomach upsets in the festive season.

Copies can be obtained from Munro & Forster Communications on 0171 439 7177. Glaxo Laboratories Ltd. Tel: 0181 990 9444.



## Bodyform towels find new standard

Sancella has relaunched its range of Bodyform Standard towels.

The product completes the Bodyform thick towels range in terms of product specification and pack appearance.

The range is designed to improve on leakage

## Lil-lets Applicator range is updated

Smith & Nephew has relaunched its Applicator tampons with new packaging.

The range now features a 'comfort-shaped' applicator tube, designed to make insertion easier, plus a flushable colour co-ordinated tampon wrapper to match the absorbency level.

The Regular and Super 10s and 16s have been repacked

in 'tissue-style' cartons.

The launch is being supported with a £2.5 million spend over the next 12 months. A national TV and sampling campaign is planned for the early months of next year, followed by radio advertising.

Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.

## Tyrozets targets pharmacy assistants in training initiative

Pharmacy assistants are the focus of a new training initiative from J&J MSD that is intended to improve the understanding of the numbing action of Tyrozets.

The company is giving away training packs containing a 'Tyrozets Sore Throat Guide' to help answer questions regarding sore throats and their treatment, and a scratch card

competition with watches as prizes. Free stockroom scalpels are also available.

The packs are available from the company's territory managers or from Enterprise House, Station Road, Loudwater, High Wycombe, Bucks. Johnson & Johnson MSD Consumer Pharmaceuticals. Tel: 01494 450778.

## Nicobrevin gets a facelift

Robinson Healthcare is relaunching Nicobrevin, with a redesigned pack.

Nicobrevin is produced as a 28-day course of tasteless and

odourless capsules, and offers a nicotine-free alternative to other smoking cessation products.

Robinson is planning a national advertising campaign in March. Robinson Healthcare. Tel: 01246 220022.

## New Seven Seas supplement

Seven Seas is extending its range with the launch of One-A-Day Plus Cod Liver Oil and Vitamin C (30, £2.99). The new supplement combines 500mg of cod liver oil with 250mg vitamin C, and is being positioned as 'especially beneficial for staving off the symptoms associated with seasonal coughs and colds'. The benefits claimed include resistance to infections, a healthy immune system and relief of joint aches and pains.

The launch is being supported by a £4 million campaign. Seven Seas Health Care Ltd. Tel: 01482 375234.



## Get gargling with Harmony

The fourth National Gargling Week, sponsored by TCP, will feature Harmony, the gargling horse who has already appeared in TV advertisements for the brand as part of its £1.5 million campaign for the 1996/97 winter season.

Activities for the week, which begins on January 27, include a search for Britain's greatest gargoyle through a series of radio competitions, as well as promotions and reader offers.

Harmony will also be used to illustrate the ease and efficacy of gargling in a new consumer leaflet, launched by TCP to coincide with Gargling Week. It highlights the four steps to soothing a sore throat - sip, tip, sing and spit.

Free copies of the 'TCP - Defender of the Throat' leaflet can be obtained from the company. Pfizer Consumer Healthcare. Tel: 01420 84801.



## Daphné banishes bath-time blues

Playgro, the manufacturer of children's bathing and toilet products, has launched Daphné, a new adjustable bath seat for babies.

Daphné (£16.99) is designed to be used with infants who are aged from birth to eight months, measure less than 28in tall and weigh less than 17lb.

The seat features a built-in adjustable slide-stop which can

be adapted to the infant's size. It cannot be accidentally removed by the baby moving or kicking, and ensures that the infant's head is kept well above the water.

Daphné can be fitted into baths, sinks and baby baths. It is secured with suction cups fitted to its base that engage firmly with pressure.

Playgro. Tel: 01536 523188.

# OVER THE COUNTER



Most customers who visit our pharmacy are very price conscious; they can't afford not to be. When I recently read an article stating that the Office of Fair Trading was going to court to try to end fixed prices on branded over the counter medicines, which includes pain killers, antiseptics and vitamins, I found this very worrying.

If this change occurs it will have been achieved by pressure from the large supermarket chain Asda, which has been challenging manufacturers by selling products below the recommended price. This change in the law would enable supermarkets to sell these products at whatever price they wished and would threaten the existence of small pharmacies who have not the buying power of supermarkets or large pharmacy chains.

In recent years we have seen the demise of independent butchers, bakers and fruit and vegetable stores on our High Streets in favour of huge superstores. Is the local pharmacy, which is a vital part of the healthcare network going to go the same way, just for the sake of supermarket profits? I hope that the Government will ensure that money is provided to help maintain the invaluable service, help and professional advice that these local pharmacies provide to their customers.

On a more cheerful note, our preparations for the festive season are well under way. We have spent the last few weeks moving stock and re-organising the shop to display our Christmas items in the most eye-catching and attractive way. I really enjoy unpacking the gift sets and stocking fillers because manufacturers always produce exciting new packs to tempt the Christmas shopper – and not just of toiletries and perfumes.

Christmas is a time when people requiring special diets can feel excluded from the festivities. I have been impressed by certain manufacturers who have made the effort to provide suitable Christmas fare. Last year several of our customers who suffer from coeliac disease – an inability to absorb gluten from the gut – ordered gluten-free mince pies, Christmas cakes and puddings. Of course, these items are expensive but most people like to treat themselves at this time of year.

I hope the inevitable Christmas rush doesn't leave you all too exhausted to enjoy your own seasonal celebrations.

## MEANWHILE...

BY BAM!

HURRY UP AND CHANGE FOR THE CHEMISTS' CHRISTMAS PARTY! I CAN'T WAIT TO SEE HOW YOU LOOK! IT'S ALWAYS A COMPLETE TRANSFORMATION!

OH IT'S NOTHING REALLY!

OH GOSH!

I'LL JUST POP INTO THE LADIES TO CHANGE --

... I WON'T BE LONG!

SHOW!

SOON...

BWA HA HA! YOU LOOK OUTRAGEOUS! I'D HARDLY RECOGNISE YOU! THIS IS JUST GREAT!

W?

PSST! NO! IT'S NOT ME!! I'M OVER HERE!

DOH!!

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## Make a big splash with new Oilatum Junior.

New Oilatum Junior is the exciting new addition to the trusted Oilatum family – and because it makes treating eczema child's play it's going to be popular with mums and profitable for you.

Oilatum Junior soothes away the irritation and relieves itching by re-hydrating the skin and then helps to protect against further drying.

Unlike ordinary bath oils that float, it mixes thoroughly with water, forming an inviting milky bath which treats the whole body. And it contains the emollient ingredient most often prescribed for eczema by dermatologists and GPs.

Formulated especially to treat children's eczema or similar dry skin conditions, Oilatum

Junior is fragrance free, hypoallergenic and cleanses without soap to be kinder to children's and babies skin.

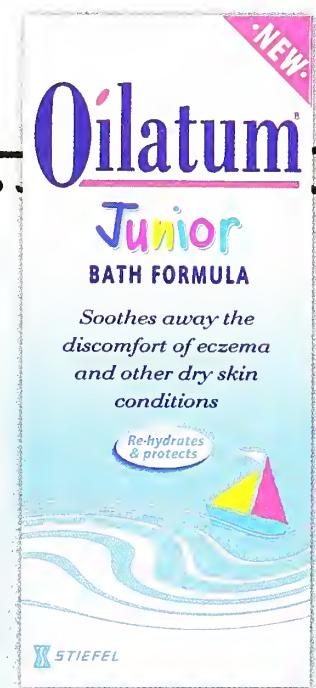
We're making sure Oilatum Junior is kind to your business too, by supporting its launch with our biggest ever national advertising campaign.

### £3/4 MILLION ADVERTISING SPEND

The No.1 bath emollient brand is now taking care of children's eczema, make sure you take care to stock and display new Oilatum Junior.

# Oilatum Junior

ALWAYS READ THE LABEL. OILATUM JUNIOR CONTAINS LIGHT LIQUID PARAFFIN.



**Product information.** **Presentation:** Oilatum Junior is an emollient bath additive, containing Light Liquid Paraffin 63.4% w/w. **Uses:** For the treatment of dry dermatitis, senile pruritis, ichthyosis and related dry skin conditions. **Dosage and administration:** Always use with water, either added to the bath or applied to wet skin. Infant bath, add 1/2 to 2 capfuls to a small bath of water apply over entire body with a sponge. Pat dry. Child bath, add 1-3 capfuls to an 8 inch bath of water. Soak for 10-20 minutes. Pat dry. There is no need to use soap. **Caution:** Take care to avoid slipping in the bath. Avoid contact with eyes. If unwanted effect occurs, stop using the product and consult your pharmacist or doctor. **Legal category:** GSL. **Retail price:** 150 ml £4.45. **Product licence number:** PL0174/0182. **Product licence holder:** Stiefel Laboratories (UK) Ltd, Holtspur Lane, Wooburn Green, High Wycombe, Bucks HP10 0AU. **Date of information:** June 1996.